



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

### Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

### About Google Book Search

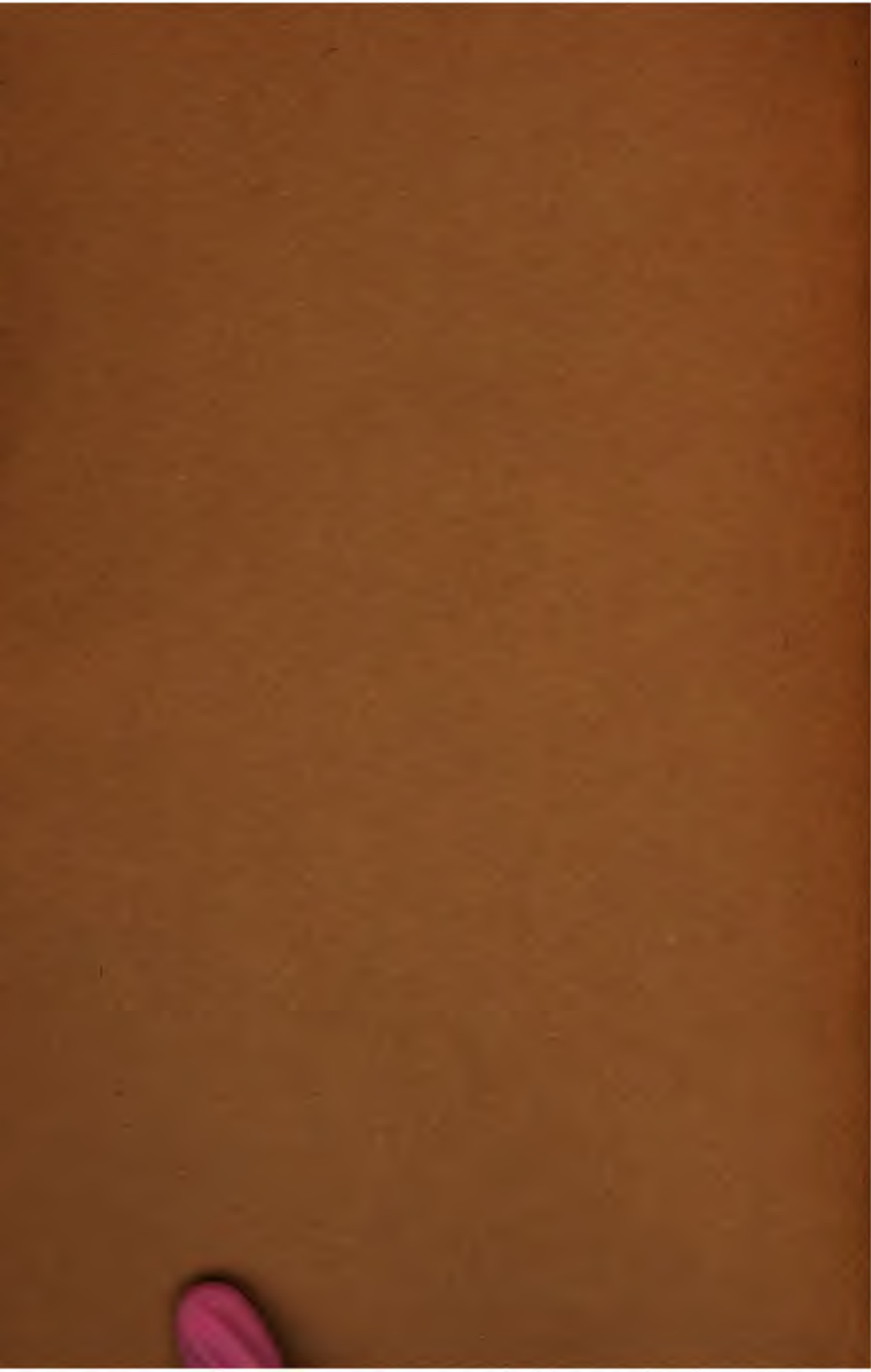
Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>



*BOSTON*  
*MEDICAL LIBRARY*  
*& THE FENWAY.*







THE  
AMERICAN  
HOMŒOPATHIST

AN EXPONENT OF MEDICAL PROGRESS.

---

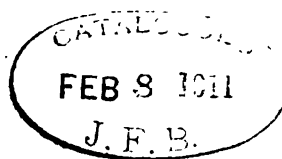
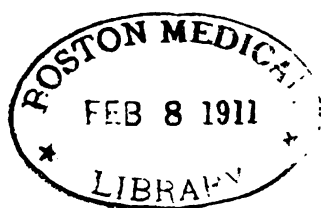
VOLUME XVI.

1890.

EDITOR:  
FRANK KRAFT, M.D.

---

NEW YORK:  
*A. L. CHATTERTON & CO.*

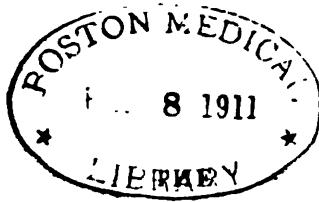




*J. H. Bullong*







# AMERICAN HOMŒOPATHIST.

VOL. XVI. NEW YORK, JANUARY 1, 1890.

No. 1.

FRANK KRAFT, M.D., EDITOR.

"*Resolved*, That in making up the list of existing journals illustrating homœopathy, by the Bureau of Organization, Registration, and Statistics, and the Committee on Medical Literature, all such shall be embraced as avow the principle of similars as the dominating principle for the selection of drugs in the cure of the sick, and which also support the organizations of homœopathy as a distinctive body in the medical profession; that no journal thus listed shall be stricken off without formal notice through the General Secretary to the Institute, of the reason for any proposed omission from the list, and then not without due notice and opportunity for defense on the part of the journal under consideration, final action on the case being deferred until the succeeding annual meeting. But the name of any journal may be dropped from the list before September, 1889, after failure to signify its assent to the preceding conditions of its listing, and, if assenting, after subsequent failure to make report to the Institute for three consecutive years."

THIS was not exactly what Dr. Dillow proposed—it being as it appears above, a curious mixture of Dr. Dake's 1888 resolution and Dr. Dillow's 1889 resolution, which were supposed to be antagonistic—but thus it appears in the Transactions of the American Institute of Homœopathy for 1889, pps. 88 and 800.

Even thus, is it not so plain in its instruction and direction that a wayfaring man, even though he be microcephalic, could not fail of understanding it?

\*  
\* \*

"As the Institute does not continually publish in its TRANSACTIONS a bibliography of homœopathy, we do not see the propriety of printing each year the list of homœopathic journals. We therefore have, for this year at least, confined our report to the periodicals that have appeared during the year. They have been few in number."—Page 91, *Transactions American Institute of Homœopathy*, 1889.

AND this is the reason why the *New York Medical Times* is still ahead; for notwithstanding the commendable promptness of the *Medical Era* to be *en rapport* with the Institute requirements, of the *Southern Journal of Homœopathy*, the *Medical Counselor*, and others who loyally ran up the Dillow flag as soon as staff, block, and tackle could be secured, all these are swept out of existence with one Podsnapian wave of the hand, together with the *New York Medical Times*, the *North American Journal of Homœopathy*, the AMERICAN HOMŒOPATHIST, the *Medical Advance*, the *Hahnemannian Monthly*, the *Clinical Reporter*, the *Clinique*, and the other non-Dillow-flag-flying journals. Had these journals had formal notice before being stricken from the list? Had they received due notice and opportunity for defense? Had the final action on the case been deferred until the succeeding annual meeting? Had they refused or failed to make report to the Institute for three consecutive years?

WE now give notice that if we can enlist the sympathy and co-operation of three or four of the Baldheaded Men Eloquent of the Institute, of Sol *Smith* Russell, and one or two editor-orators, we shall present the following resolutions :

*Resolved*, That a per capita tax of one dollar and thirty-seven cents and one third mill in good and lawful currency of the realm shall be levied on each member, active or honorary, of the Institute, payable at once, the proceeds whereof to create a fund for the purchase and extinction of the *New York Medical Times*.

*Resolved*, That we memorialize and earnestly beseech the President of the United States as follows, to wit : That he shall by and with the consent, of the United States Senate appoint and promptly despatch Egbert Guernsey, M.D., of New York, as Minister Plenipotentiary for the term of his natural life to the Congo Free States : That he will also, and in like manner, appoint Alfred K. Hills, M.D., of New York, Ambassador Extraordinary for the term of his natural life to the Trans-Baikal District in Siberia, under no less a penalty than that of having and receiving an annual salary of fifty thousand dollars each, non-transferable, to be forfeited to the N. Y. State Board of Charities and Corrections if these appointees or either thereof show his face within the eminent domain of the United States.

Thus and thus only can the American Institute of Homœopathy be free from harassing embarrassment and be assured of perennial quiet from the surprises of this ably-conducted and fearlessly-independent journal. Thus and thus only can we, the remaining truly homœopathic and consistent journals, be restored again upon the list of the Institute, and assured of our former patronage and subscription list.

\* \* \*

THE *Pittsburg Medical Review*, forgetful of the vow which each old-school physician at some time or other of his career makes, to take no notice of a homœopath or of homœopathy, reviews, editorially, The Meeting of the Homœopathic Medical Society of Pennsylvania. It quotes from *The Hahnemannian Monthly* as follows :

Dr. Martin is responsible for the following : "The speaker next reported two cases of hæmatemesis. The first one was that of a gentleman who was taken suddenly with vomiting large black lumps of blood, with constant nausea. Ipecac 200 stopped the nausea ; then diarrhoea set in, which was aggravated by drinking cold water. His illness was due to excessive use of whisky. Arsenic 12 cured in a few days."

Then the dear, deluded editorial scribe turns loose his mathematical crank to demonstrate how much ipecac there is in 200th. In good sooth he makes a most excellent *résumé* of the potency : he shows with delightful precision the exact quantity of medicine and the volume of diluent ; why, it is absolutely ridiculous ! We laugh with him most heartily. We thank him for the feast of hilarity he has prepared for his readers and for ourselves. That long string of ciphers which indicates the 200th of any remedy will cause Dr. Martin to hide his diminished head forever and ever. What does Dr. Martin say—in his intense discomfiture : "Ipecac 200 stopped the nausea and arsenic 12 cured." Is it possible that chewing the string still convinces the gourmand of the value of the pudding ? Was the *Review* editor chewing the string ? Would he stop to analyze the loam, and trace it back to the dawn of creation, discrediting and damning its therapeutic value, if he were informed that Once upon a time a Certain Person took loam from the highway, mingled his spittle with it, and therewith cured blindness ? Or will he accept the result ? Stop straining at a gnat and swallowing the camel.

FROM the profuse reports published in the Memphis daily papers, and from the few physicians who managed to get away alive from the social and intellectual festivities prepared for them by the Southern Homœopathic Medical Association, we are fain to conclude that the sessions were an abundant success and deserving of many repetitions. The indefatigable secretary, Dr. E. Lippincott, had "papered" the country for several months in advance of the meetings, and to him was due, in greater part if not in whole, the enthusiasm which prevailed. We are disposed, also, to concede to his painstaking supervision the well-written newspaper reports. Our pleasure is enhanced to note the return to his old love of Dr. C. E. Fisher, who made the response to the welcoming address—a response by the bye that was good and characteristic of great earnestness and force. We are not quite clear, however, as to the utility of a rival national organization, and one, too, so obviously trading on a name, for the burden of the work and speeches seemed to hinge on the fact that it is a Southern organization, and, therefore, entitled to Southern patronage. Perhaps this Association is the outgrowth of some disregarded protest in the Institute, as is the I. H. A., but if so we cannot discover its origin; and we are left at sea as to any reason for the existence of the Association, save that it is Southern, that the colleges and journals are all Northern, and that, hence, there ought to be some Society typical of Southern homœopathy. If these earnest homœopaths who met and jubilated at Memphis would display as much energy in the directing of the homœopathic current in the American Institute, that body would soon cease its "scientific" course, and become, what its founders designed it to be, a homœopathic cosmopolitan body in which there would be no North, no South, no East, and no West.



"TWO of a trade never agree," or possibly "*Brod-neid*" will furnish to many readers of the following lines an adequate cause for our saying that we deem it a narrow-minded and short-sighted policy which directs, in open session, that some specified journal, enjoying the accident of solitary inhabitancy of a remote part of the Association's territory, shall be constituted the mouthpiece of that Society, and recommending that it be found upon the table of every homœopathic physician in the land. If the journal thus cleverly and prominently advertised had made claim to superiority of merit over the remaining, but unfortunately non-Southern journals; or if it could be established that the remaining journals were inimical to the welfare of the Association; then so impolitic a course as thrusting out the journals of the school by implication if not in actuality, and heaping favoritism upon one journal, might pass unchallenged; but no valid reason exists why the *North American Journal*, or the *Medical Era*, could not be, either of them, made special fuglemen of the Southern Homœopathic Medical Association. We question, however, whether a due regard for fair play and square-dealing to the remaining journalistic confrères would induce these named journals, or any one of the others, to accept of such monopoly. The syndicate journal is apt to be a selfish journal. There is, of course, one other reason why such journal should ask to be made a mouthpiece; but as it does not redound to its credit it shall not be enlarged upon. While we are pleased with the enthusiasm and "stick-



to-ativeness" which prevailed at Memphis, we cannot but view with regret the tendency to make a chasm between the North and the South. Homœopathy is or should be too broad to brook any Mason and Dixon's line. And if the American Institute of Homœopathy is not broad enough or long enough to include the Gulf States and the Southern seaboard, then it would be wise to repair the defect promptly and thus cease giving color to the supposition that the Institute is carried about in the hip-pocket of New York or some other Eastern State.



THE New York Homœopathic State Society which has just adjourned its thirty-eighth semi-annual session, and the Pennsylvania State Society which was in session about the same time, have, as of yore, infused new life into the homœopathic physicians not only of those States but throughout the length and breadth of the land, wherever their doings have been reported. It is a decided treat to receive the proceedings of either of these bodies, and it repays over and over again to refer to their pages and cull the homœopathic flowers with which they abound. Prof. J. C. Wood of the University of Michigan was an honored guest of the New York Society, and his remarks on the floor, as also his response to the toast "Relation of Woman to the Profession" were listened to with attention, and rewarded by frequent applause. Prof. Wood is a popular instructor, a forceful writer, and a fluent speaker. His tribute to Woman was beautiful; dealing but little in sentimentality and more rarely still in classical metaphor, he spoke to his theme in the practical business way for which he is famed, contrasting the Woman of the Nineteenth Century with her immediate predecessors and with those in the past, and to the manifest advantage of the present. Dr. Paine, ever on the alert for the advantage of our school, presented and had adopted a series of resolutions which if embodied in current legislation will mark our worth as a profession. In these two State Societies as well as in the Southern Homœopathic Medical Association the lover of Homœopathy finds food for reflection and hope of a bright future, when he notes the evident tendency of the times to bring simon-pure, non-alternating, non-palliative Homœopathy to the fore. In two of these bodies the question was sprung and met promptly. Little by little as the newer generation of homœopaths appear in the arena, there will be eliminated the alternation of remedies and the resort to crude drugs for palliation or for physiologic effects. If there is any homœopathic college to-day in this country which teaches alternation, it is certainly not overproud of it, and is content to remain unnoticed.



A CAREFUL reading of A Confession of Faith in the *Counselor*, over the signature of a clever writer and ex-teacher, leaves us considerably in doubt as to what the Confession confesses. It appears to be a nimble and wordy performance of some kind; but homœopathy has precious little to do with it. It is both elusive and delusive. You almost fancy at times that a climax advocating miscellaneous praxis is being reached, when in an instant an eloquent hahnemannian apostrophe derails the climax, and the Confession, instead of giving opportunity for prying into the wickednesses of the past life of the confessee, assumes a

tone cold and terse as a hardware catalogue. It is unsatisfactory. To assume that a symptomological prescriber prescribes the higher potencies release to a strangulated gut, or set a broken leg, is a violent effort to be sarcastic but in reality only displaying boundless ignorance on the part of the confessee. The average tenor of the Confession tends to favor the position assumed by our est. contemp., *The New York Medical Times*, i. e., recommending that a practitioner be an all-around physician—old school, new school, faith cure, manicure, hydropath, *et id omne genus*, without calling himself a member of either. But as this recommendation will seem too ultra to the letter-loving but spirit-crucifying homœopath, might we be allowed a slight infringement on business forms and suggest that one of the following cards might be a happy medium between the extremes for such practitioners, while they would be ethical as well as truthful :

Quin. Sulphas, M.D.,  
HOMŒOPATHIST (LIMITED).

Inject. Hypodermatis, M.D.,  
HOMŒOPATHIC (WITH LATITUDE).

\* \*

ALL HE KNEW.—"Private Dalzell" of the *Medical Erache* has this to say :

"Don't be a professor in a University if you have a living practice outside."  
"—a University chair dependent upon a Board for opinions and a living."

These low-lived slurs may well be treated with contempt by Dr. Gilchrist, or by any one else at whom they were directed. No gentleman would indulge in reflections so low and so false. They come from a churl who is conspicuous for nothing but a hang-dog manner, who never had an original opinion, or one that is of the slightest importance. He was a doctor without a practice until he found his level by gravitating to country cross-roads, where he tries to edit a *Satellite* on wages of \$30 a month. The seventh of February, 1888, on a letter-sheet below indicated, he wrote :—

"EDITOR AMERICAN HOMŒOPATHIST."  
"2-7-'88."

"Here I have lain awake o' nights cudgelling my addled pate for something that would attract, and finding no better anywhere, I chose to profit by the M.D. ERA, which in times past has always been my beau ideal, and I adopted, in so far as I am capable, its happy style and routine."

His serious efforts have resulted in an attempt at imitation so weak and sloppy as to be ludicrous ; though his condition calls for pity, rather than for the ridicule that it excites.—*December, 1889.*

—Finally, brethren, the extract is quoted from a private letter, is published without permission, and is in answer to a very peculiar letter received from our homœopathic "Private Dalzell," which if we could be so perfidious as to publish, forgetting the rights of a private communication, would cause His High Nobility, the Editor of the *Erache*, to forever forswear writing letters, and at the same time give occasion to the man of whom it speaks to look for his "gun." That is all. One word more. In the interests of truth we *must* correct that \$30 statement. It is altogether too high. That will do in Chicago but not here. If we could receive so much money each month, we could soon take a holiday, go east, attend a Post-Graduate School for five or six weeks, and come back a specialist. Selah !

## OPEN COURT.

—Prof. O. Rosenbach, Breslau, recommends, as a cure for the night sweats of phthisical patients, the application of a bag of ice to the abdomen during several hours of the night.

[See here, Professor, that idea was patented as long ago as the beginning of this century, by a party named Hahnemann, S.F.C. He called it the Law of Similars. Hadn't heard of it before? Well, that was the apology made by the semi-converted slugger for "laying-out" the first Israelite he had met.]

—*In re the Liver* : I am inclined to think one's physical condition and frame of mind have much to do with the opinion one forms upon any subject. I have a friend—a novelist, and of no mean repute—who declares that occasionally the lobes of his liver flop from one side of him to the other. When they flop to the right, life puts on her grandest regalia and the earth rolls along its appointed course enveloped in a golden haze ; man is the very pink of justice to his fellows, and the loom of the land of the blest may be sighted just over the eastern horizon. When his liver executes a flip-flap the other way, to him life is a no-gooder of the basest breed, humanity and justice have taken their despairing flight, the atmosphere becomes atrabilious in hue, and the circumambient swarms with chocolate-colored devils decorated with green-and-gold knee-breeches and piebald tails.—JOHN RITCHIE, in *Browne's Phono. Journ.*

[Quite recently a lady informed the editor that a Toledo physician had been treating her for enlargement of the "left luke of the liver," and she had come to believe it because of the abnormal distension of the umbilical region, borborygmi, tenderness, constipation, and sanded urine. But *Lycopodium* dis-enlarged it, and the patient is now a firm believer in "baby medicine," *i.e.*, homœopathic pellets.—ED.]

—"Für den Inseratentheil ist the Redaktion nicht verantwortlich" (*Anglice* : The editor is not responsible for the advertisements), so says the *Volksthümliche Homöopathische Rundschau*. Now, why isn't that an excellent line to add to the invariable "chestnut" : The Editor is not responsible for the opinions of his contributors? Here are a few *bon mots* from the *Medical Brief* : Do not use the metric system. See how short and plain you can write. Use as few technical terms as possible.

"*DRY HEAT for Cystitis*.—C. HOYT, M.D., *Trans. Med. So. Ohio*." "*OCCIPITO-POSTERIOR Positions*.—T. G. COMSTOCK, M.D., in *Trans. Am. Inst.*" Thus doth our esteemed contemp., *The Archives of Gynecology*, head two of its articles in its Sept., '89, issue. Which is why we remark that as both articles were "lifted" from the *AMERICAN HOMŒOPATHIST*, a proper acknowledgment might

reasonably have been expected. But let that pass. Our criticism is based on the fact or facts that in both credits as given the word "Homœopathy" is purposely omitted. And that is apparently also the reason why the name of this journal was not quoted.

—Dr. Prentiss (*Therap. Gaz.*) says that he was recently called to see a lady who had been treated for an eruption without success by an homœopathist who had given the case up. Dr. Prentice was struck by the resemblance of the eruption to that of "poison ivy," and questioned her as to possible exposure. But she had not been out of her room for months. While making the inquiry he noticed a homœopathic vial on the table labelled "rhus," which the patient had been taking "all the time." They were discontinued and put out of the way, and the patient shortly recovered. There seemed no doubt that the rhus pellets had caused the eruption.

See that! And yet, are there those of you allopaths who tell your patrons you would willingly eat all the medicine in a homœopathic case.

—CIMICIFUGA, Dr. Lewis states, is useful in both amenorrhœa and menorrhagia, and in uterus subinvolution. It is also of service in convulsions due to uterine or ovarian irritation. Its action on the uterus is almost specific, stimulating and strengthening its contractions without prolonging them, thus endangering less the child and the soft structures of the mother. It is useful in promoting expulsion of the placenta, and in preventing after-pains; but here it is less applicable than ergot, as the latter causes more lasting contractions. Cimicifuga is often successful in suppression of the menses, from shock, cold, or fright. Abortion is sometimes averted by its timely use. The fluid extract and tincture are good preparations, their doses ranging from five minims to half a drachm, or one to four grains of the solid extract.—*Medical World*.

The allopaths have made another wonderful "discovery." By-and-bye they will hazard an experiment and "discover" that the small dose of cimicifuga will do as well.

—Do you see now, Brer. Dillow, what you did with your "meddlesome" midsummer motions at the Institute? Grand Secretary Dudley published the Transactions and leaves us (journals) all out. Had not your impassioned eloquence prevailed, the *North American Journal*, *THE AMERICAN HOMŒOPATHIST*, *The Medical Era*, *The Medical Advance*, and the other good journals and true would still find restful entombment in the Transactions. As it is we have all been put "on the list." And the *Medical Era*, with its prompt but half-hearted acceptance of the resolution, and the other journals who followed with the full resolution conspicuously displayed, have been



dropped as unceremoniously as the *New York Medical Times*. Would you construe this, Brer. Dillow, as a strict compliance with your resolution as passed; or would it seem to you that some one is a "bigger" man than the Institute?

—The facts are simply these, says the *Medical Record*: In the United States there were in 1885 twelve homœopathic and eighty-eight regular medical colleges with one thousand and eighty-eight and nine thousand four hundred and forty-one students, respectively. At the most liberal estimate the homœopathic practitioners of this country form one-eighth of the total number.

Very good as far as it goes. But—Suppose we state the proposition in this wise:

If it took the "regular" school six thousand brief years to be able in 1885 to graduate 9441 students from 88 colleges, and

If it took the "homœopathic" school but fifty years to be able in 1885 to graduate 1088 students from 12 colleges, and

If the daily acquisition by the homœopaths of "regular" patients and "regular" physicians continues—

What will be the proportion of homœopathic physicians in 1985 as compared with the total number of physicians?

—The pains changed rapidly from one place to another. They occupied small spots that could be covered with<sup>1</sup> point of the finger. *Kali bich.*

—Cowperthwaite's *Materia Medica* will not be ready for some weeks to come, so say Messrs. Gross & Delbridge. Dr. Leavitt has decided to entirely rewrite his *Obstetrics*, thus delaying its publication until October, 1890.

—Sulphuric acid is a specific for old maids.

—There are said to be only about two hundred and seventy-five homœopathic physicians in all Great Britain and Ireland. The number on the Continent is proportionably even less.—*Med. Record*.

Now will the *Med. Record* forget its fanaticism for a few moments and tell its readers why there are so few homœopathic practitioners in those countries? Our est. contemp. has doubtlessly heard something concerning a lie which is not all a lie, etc. Don't mislead your readers. Don't indulge in any half-truths—that is beneath the dignity of so excellent a journal as the *Medical Record* is when it attends strictly to its knitting and lets homœopathy alone.

—**SUNSTROKE.**—Gelsemium is strongly suggested in the effects of insolation, from its head symptoms, its vascular weakness and tremor, and its disinclination and inability to perform either mental or physical labor. The cerebral congestion, flushed face, confused vision, nausea, and general appearance of intoxication, with frequent deep-sighing inspirations, are still further suggestive. According to its pathogenetic

effects, gelsemium presents symptoms closely analogous to alcoholic intoxication. There is the cerebral congestion, fullness of head, hot and flushed face, blurred vision, difficult articulation of words ("thick tongue"), dryness of buccal cavity and throat, and finally, a general feeling of intoxication.—*Hah. Monthly.*

—Picrotoxin is heralded as a new antidote for morphia.

—WANTED, some other new cure for consumption. We have laid aside the sulphureted hydrogen as peculiarly asinine; the inhalations of hydrofluoric acid (à la glass etchers) has proven a mockery; the ingestion of the fumes of sulphurous acid (as used in the cleansing of rags) is a delusion; the treatment of phthisis by inhalations of biniodide of mercury is recommended from across the deep; and now there knocketh at the door of our scientific heart for admission "The Immunity of Lime-burners against consumption." And the morning and evening were not the last day, for yet other smells and methods will dominate the old school for the cure of an incurable malady until the firmament shall be rolled up as a scroll, and the hereafter be at our doors. Next!

—As I have said already, my chief use of the remedy [Absinthe] has been in epilepsy, though I have given it freely as a nerve tonic. In the latter class of cases I have usually administered it in appreciable doses of several drops in water before meals. My chief remedy in the treatment of epilepsy, however, is the bromide of ammonium. I prefer it to other bromides, after an experienced use of all; but as mentioned above, I have used the absinthe when the bromide failed, and in some few cases with better results.—*DR. KITCHEN, in Hahn. Monthly.*

—KALI PHOS.—Where there is great nervousness resulting from excessive sexual excitement, whether indulged or suppressed, think of kali phos. Some of its prime indications are aching in the sacrum, sleeplessness, pain in back of neck and head, general irritability, great despondency, frequent desire to urinate and especially early in the morning.

—Dr. Helmuth has added another to his laurels of poesy. His poetic description of the serving of the Sheriff's injunction on the Mass. Med. Soc., who had assembled for the purpose of expelling about sixty of its members for practising homœopathy, is highly amusing and graphic. Long life to you, Professor.

—A reprehensible practice of modern times is the constant taking of drugs that are called "tonics." This habit is common to both sexes alike. Ladies like "tonics" when their complexion and digestive organs show the effect of binding the ribs in corsets; and men when they experience the effects of the driving nature of modern life, and, more frequently, of vicious habits. In whatever way the habit is formed it becomes in time impossible to leave it off. It is not generally

known that nauseous drugs, without any of the soothing primary effects of narcotics, can establish an ascendancy over those who habitually take them scarcely less tyrannical than that of alcohol or opium. And then, as Hahnemann bitterly complained, when such an *habitué* comes to a homœopath to be treated for any disease, there is first the drug disease to be reckoned with, which is much more difficult to cure than other.—*Hom. World*.

—There is no homœopathic medical college in the country which can be said to be even fairly well equipped and endowed, as compared for example, with the leading regular colleges of New York, Boston, and Philadelphia. The only school which really flourishes numerically is in Chicago.—*Medical Record*.

Respectfully referred to G. J. J. for prompt attention and utter annihilation, for evidently this editor has not heard of the Iowa University with its "plant."

---

### BRIGADIER-GENERAL JOHN CLARKE BUDLONG, SURGEON-GENERAL RHODE ISLAND MILITIA.

By GEO. B. PECK, M.D., PROV., R. I.

**H**OMŒOPATHY is said to have been introduced into Rhode Island in 1836 by Louis Parlin, M.D. (Bowdoin 1835). Thoroughly cultured not only in classical but also in French, German, Italian, Spanish and English literature as well as in the technique of his profession, despite the malignant ridicule of the regular school he secured ere long the respect and the confidence of no inconsiderable portion of the community. Unfortunately, however, with the unreason so characteristic of genius he plunged boldly into a political quarrel whose bitterness the supervision of a quarter-century and a struggle for national existence could not efface, espousing the cause of the traitor Dorr. Through the stern logic of events he reached the alternative of a felon's cell or self-exile. He chose the latter and departed, leaving absolutely no trace behind him. The subsequent stupendous folly of the freeholders of that State, in yielding a single iota to the moral pressure brought to bear upon them by the insurrection, will from this time forth be clearly manifest. Of her may well be written even now the fateful words, *Fuit Carthago*.

Of the four or five score of good, bad, and indifferent doctors who have attempted to exemplify the teachings of Hahnemann in those Plantations during the past half-century, one at least eclipsed their pioneer in the brilliancy of his gifts. Among the first permanently to be domiciled there he, speedily attained a prestige unequalled by any general practitioner. Intoxicated at length by his success and incited

by dreams of richer harvests, with parricidal hand and with deadly intent he madly stabbed that gentle goddess to whose favoring smiles he owed all that he possessed. Secure in his fancied greatness, he kicked aside the ladder with which he had attained his eminence. It fell, tearing away most of the planks on which he had been standing. When at length a few faithful friends bore his remains to their last resting-place, his glory had long since departed. His bones were consigned to their last resting-place, by the profession at least irrespective of name and of creed, "unwept, unhonored, and unsung." Unfortunately his race is not yet extinct. We see the record duplicated today in all things save environment. However dazzling the *éclat* with which the conscious or unconscious imitator may imagine his footsteps attended, he may rest assured the same fate and the same epitaph awaits even him. "A good name is rather to be chosen than great riches (or lofty position), and loving favor rather than silver and gold."

Far different from these has been the record of him who for nearly a score of years has been the official representative of Homœopathy in Rhode Island, Surgeon-General John C. Budlong. Of French extraction (Budlon), his first American forefather, Francis, wedded Friday, March 19, 1668-9, Rebecca Howard, widow of Joseph Howard, at her father's house, John Lippit's. The entire family were massacred by the Narragansetts in November, 1675, near the outbreak of King Philip's War, save John, the youngest boy, who was carried into captivity. Four years later he was rescued by a maternal relative bearing her maiden surname. He prospered so well afterward that in 1692 he owned twenty-five acres of land, which rapidly increased to several hundred on the north shore of that beautiful estuary of Narragansett Bay which reveals itself in brief but entrancing visions to the Shore Line tourist near East Greenwich, Coweset Bay with its Buttonwood and Oakland beaches, while the more famous Rocky Point lies just around yonder Warwick Neck Light. Such enterprise could not fail of appropriate recompense, and accordingly we find his son Moses and his grandson Samuel contracting such favorable matrimonial alliances that in the next generation, Samuel 2d, and still more completely in Samuel Budlong 3d, flowed harmoniously commingled not only the blood of Roger Williams and the Watermans, but that of most of the oldest and best families in the State. The last named, Samuel 3d, enjoyed the life-companionship of Rachel Martin, a lineal descendant of Christopher Martin, who came over in the *Mayflower*. To them was born, August 28, 1836, in the town of Cranston, R. I., the subject of this sketch. What wonder that with such an ancestry he is the embodiment of every manly virtue?

It seems, however, a good character, a level head, and a robust frame were his chief inheritance, for although he was sent to the district school



steadily from four years of age until nine, he then attended only winters until fully fifteen, working all day on Anthony Burton's farm nine months of each year, and making himself generally useful outside school hours the other three. At this time he fully established the physical constitution that permitted the herculean labor which has marked the meridian of his life, even then leading the mowers a toilsome and hopeless race across the meadows. Two years were now devoted to uninterrupted study at the Fruit Hill Classical Institute, a private seminary which rose and fell under the administration of Stanton Belden, a well-known instructor of that day, while a third was given to chemistry and botany at Smithville Seminary, now Lapham Institute, North Scituate. In 1856 he commenced the study of medicine in the office of his brother-in-law, Isaac W. Sawin, M.D., then of Centerdale but now of Providence. The next year he entered upon his first course of lectures at the Homœopathic Medical College of Pennsylvania in Philadelphia, but his second course was deferred until the fall of 1862, that he might secure the essential wherewithal by school teaching in North Providence. He received his diploma March 3, 1863, and at once opened an office at 134 North Twelfth Street, which he maintained as long as he tarried in the Quaker City. At the same time he accepted the position of Assistant Physician to the Homœopathic Dispensary, but actually exercised absolute control thereof. He also pursued a thorough course of surgical anatomy and operative surgery under the direct supervision of the distinguished D. Hayes Agnew, who furnished him at its close with a diploma certifying to his proficiency and skill. Previously he had attended, as was customary, two clinical courses at the Pennsylvania Hospital.

But Philadelphia was not to be young Budlong's home. The inexorable Fates settled that question for him. In the summer of 1862 he tendered his services to Governor Sprague of Rhode Island, for the medical staff of the volunteers. He was informed they would be accepted for the first vacancy. Orders to appear before the examining board were not received, however, until he was advanced in his final lecture course. Permission was then granted him to complete his studies. Perfect preparation was but just secured when the draft of his native State designated him for immediate service in the field. In view of the fact that he had long since volunteered, the authorities at Washington remitted the conscription, and early in July he enlisted as a private in the Third R. I. Cavalry to count one more on his town's quota. A commission as Assistant Surgeon was promptly filled out for him, and as such he was mustered July 29, 1863. When he presented his diploma to the State examining board its members seemed nonplussed, expressed their surprise, and appeared not to know how to proceed. "Gentlemen," said the candidate, "I appear before you as a physician. I ask no

favours nor special consideration. Upon my qualifications as a physician I wish the question of my appointment to depend." His subsequent record has fully vindicated that board's decision.

November 16, 1863, Dr. Budlong was mustered as surgeon of his regiment, and with the first battalion embarked a month or so later on the *Western Metropolis* for New Orleans, where they reported to Gen. Banks, January 14, 1864. During the famous Red River campaign they were assigned to the Fifth Cavalry Brigade, Col. Gooding, U. S. A., commanding, and thus participated in the battles of Sabine Cross Roads, Pleasant Hill, Marksville Plain, Kane River, and Yellow Bayou, not to mention unnumbered lesser affrays. During the entire expedition Dr. Budlong performed the duties not only of brigade surgeon but regimental surgeon also, the colonel graciously granting him permission to serve in this dual capacity, because medical officers were so few none could well be spared from other commands to care for his own companions. After the termination of the foray the regiment was practically dismembered, its several fragments being employed on outpost, scouting, and guard duty until long after the close of open hostilities. The surgeon had charge of the Post Hospital at Napoleonville, La., where he was mustered out, November 29, 1865.

Once more a free man, destiny led Dr. Budlong's uncertain feet to his native State, where he entered into partnership with his brother-in-law, Dr. Sawin, at Centerdale, a charming village seven miles north-west of Providence. In 1868 the senior member of the firm removed to the city, leaving the entire field to his associate, who succeeded in building up a practice unexcelled in extent and quality by any one outside the chief capital. His regular drive was forty miles a day; frequently it lengthened out half as much more, and not seldom it was doubled. Four swift and strong horses were ever waiting to do his bidding, and a fifth was sometimes required. Hence it can readily be seen he has established an abiding confidence in homœopathy through the entire northeastern portion of Rhode Island. But it is impossible for the strongest frame to endure such strain forever. After several attempts to secure a competent and worthy partner, he associated to himself for a while Charles A. Barnard, M. D. In February, 1883, he transferred to him his business and removed to Providence, where he resides in the enjoyment of a practice whose office work meets every expense, and whose out-patients require two swift horses.

On June 1, 1886, Dr. Budlong married Martha Alexander, daughter of the late Doctor and Professor Walter Williamson of Philadelphia and Matilda Massey his wife. Rarely has there been a more fortunate alliance. To them have been born seven sons and one daughter, of whom five sons survive. The Williamsons, by the way, were among the earliest settlers of Pennsylvania, and a portion of the original grant of

lands in Delaware County of that State still remains in the possession of the family.

Dr. Budlong was baptized into the fellowship of the Allendale (R. I.) Baptist church by the Rev. Francis Smith in 1857, but in 1863 he united with Grace (P. E.) Church, Philadelphia. He has subsequently served as vestryman in the parishes of St. Thomas at Greenville, R. I., and St. Peter's at Manton. Despite the fundamental antagonism of the respective creeds of these denominations, we find a gentleman professing successively the tenets of both without imperiling in the least his Christian reputation, while not a few belonging to one only find the utmost difficulty in maintaining even the pretense of piety.

In 1873 Dr. Budlong participated in the reorganization of the Rhode Island Homœopathic Society, by which he was authorized to represent the State at the World's Convention in 1876. At that time he enrolled himself in the American Institute of Homœopathy, of which organization he remains a consistent and devoted member. In 1880 he was chosen Treasurer of the State society, and President in 1881 and 1882. He has been further complimented by election to honorary membership of the New York State Homœopathic Medical Society in 1881, and of the Massachusetts Society in 1886. The New Jersey Mutual Benefit Life Insurance Company made him medical examiner in 1867, and the Hahnemann Life in 1869. The Rhode Island Homœopathic Hospital has profited by his services as visiting surgeon since its opening in March, 1886. Recently he has been placed on its Board of Trustees.

On June 16, 1873, Dr. Budlong was commissioned Surgeon of the Pawtucket Light Guard Battalion; May 11, 1874, Brigade Surgeon of the Second Brigade of the Rhode Island Militia, and March 8, 1875, by vote of the General Assembly, over all competitors, Surgeon-General of the State to fill a vacancy caused by the death of Howard King, M.D. (allopath). He was re-elected to this position without formal opposition in 1879, 1884, and 1889; when but a single vote was thrown against him in the entire Grand Committee. Not the least service he has rendered Homœopathy is the demonstration that firm adherents of different medical schools can work together in perfect harmony and good-will. He declined the resignations of the two assistants appointed by his predecessor, permitting them to remain in office until the expiration of their term, and then when the law was amended so as to allow of but a single Assistant Surgeon-General, he properly made his selection from the Rhode Island Medical Society. Geo. H. Kenyon, M.D., Grand Master of R. I. Masons, is the present occupant of that commission.

It will occasion no surprise to learn in view of the last-mentioned circumstance that Dr. Budlong is a member, though recent, of the

What Cheer Lodge of Masons, of the Calvary Commandery of Knights Templar, and of the Rhode Island Sovereign Consistory 32° Scottish Rite, all of Providence. Moreover, he is enrolled in Prescott Post No. 1, G. A. R., of the same city, in the Rhode Island Soldiers and Sailors' Historical Society, and in the Massachusetts Commandery of the Military Order of the Loyal Legion.

A brief glance at the most salient of Dr. Budlong's characteristics is all that time permits. Chief among them is his keen and elevated sense of honor, rarely equaled, never surpassed. Courses which the severest logic pronounce equally proper are distinguished between with a promptness and a certitude only comparable to the intuition of woman. And this gift is sedulously cherished not as a mere sentiment but as a guiding principle for action. The most trivial details of his every-day life exemplify it, important crises only the more brilliantly reveal it. To betray a friend or to play the sycophant is simply impossible with him ; equally so to hound a defeated opponent to the earth.

Intimately related to this trait, possibly as resultants, stand his honesty and his candor. While never obtrusive of his principles he rigidly adheres to them whether moral, professional, or political, never attempting concealment. During a certain hotly contested election he went to the ticket tables to prepare his ballot. As he was selecting those he desired to deposit, he could but observe a number of people edging around to ascertain just what he would choose. He quietly arranged the ballot to his satisfaction, and then spreading the tickets fan-shaped in his hand, but without changing his position in the slightest, flexed his right elbow to its utmost, bringing them into clear view above his shoulder, with the remark : "Gentlemen, that is the way I intend to vote." Turning after a moment's pause his eyes rested on as confused a crowd as one often beholds. He stepped to the box and deposited his ballot ; none dared ever again to question his movements. Intensity of partisanship alone prompted such an act on the part of an inconsiderable number of the townfolk. His fellow-citizens reposed the highest confidence in his judgment and his rectitude, for twice they urged upon him a Representative's seat and once the Senator's chair in the General Assembly. The ground of his declination was always the same : "I have not time properly to attend to the duties." "But you need not attend every day nor remain a long time." "If I accept the honors of the position I must also bear its responsibilities ; I cannot spare the time they require."

Among his patrons were not a few tavern-keepers and others who maintained bars. Within his circuit also was to be found a number of physicians who visited these sample rooms with greater or less frequency. The owners almost without exception employed Dr. Budlong. One day he asked one of the chiefest how it was that he always sent

for him and never for the others, although some of them were his regular customers. He promptly replied : " Doctor, I know the effect of liquors too well to wish any one to prescribe for my family who does not habitually carry a clear head." Comment is unnecessary.

Another characteristic of the Doctor is his readiness to do at any time whatever is necessary to be done. Near the close of the day at Pleasant Hill, when all arrangements had been made for retreat, and the ambulance train was simply waiting the order to move, Dr. Budlong was sitting near his Brigade Commander, Colonel Gooding, when the latter looked around for a messenger. Finding none he indulged in some warm expletives concerning his staff. The Doctor said : " If you have any order to send I will take it." The Colonel laughingly answered, " I have no right to order you." " I know it and waive every privilege." " But if anything should happen to you?" " I will assume all responsibility," replied the Doctor. " Well," continued the Colonel, " all my regiments have come in but the Third Rhode Island, and I should like to know what has become of that." Properly saluting, he put spurs to his horse and dashed across the field to a clump of trees which he had seen the battalion enter early in the day. There he found the command dismounted and closely hugging cover, for the position was the extreme advance, separated only by a brief interspace from woods occupied in force by the rebels, and bullets were falling like hailstones. " Get out of here ! Get out of here ! You've no business here !" was the salutation that greeted him from all sides. " I will when I have seen Major Bailey," was the reply. His errand performed, he returned to his commander the first direct information received from the battalion for a long time, doubly rewarded in that he had contributed even slightly to the safety of his immediate comrades.

Most briefly, Dr. Budlong is of commanding presence, dignified bearing, modest and retiring as well as forbearing disposition, kind manners, and genial companionship ; in harmonious relations not only with every member of his State society, but with the entire State profession as well ; esteemed by all who know him, most by those who know him best. The accompanying portrait was executed some ten years since.

---

—Faith in homœopathy should be one of the avowed credentials and requirements of admission to our membership.—EX-PRES. TALCOTT, *Institute address.*

## CHROMIC ACID AS A CAUTERANT, AND ITS DANGERS.

By T. GRISWOLD COMSTOCK, A.M., M.D.

**I** NOTICE in the *N. Y. Med. Journal*, June 8, an article from Dr. J. W. White of Philadelphia, wherein he states that he has for a long period used chromic acid locally to destroy recurrent vegetations (papillary growths) that appear upon the genitals, especially in women. He relates a case where a young woman in a Philadelphia venereal hospital had a mass of vegetations covering the labia majora and nymphæ, extending upward toward the pubis, and downward toward the anus, and "the mass was several inches thick." After treating the growth for two weeks, with various applications without any relief, he ordered a solution of chromic acid (100 grains to the ounce of water) to be applied. He says that "about half an ounce of the solution was used, and after its application she exhibited symptoms of distress, passed a restless night, and called frequently for water. At 4 P.M. she arose to urinate and fell: she was carried to bed and slept three hours. Thirst continued all of the following morning without fever; she had fears as to her condition, and nausea supervened. At 3 A.M. she was pale, with cold extremities, pain in the left hypochondriac region, and with great fear of approaching death. The axillary temperature was 99°. Active treatment failed to benefit her, and she died at 6.30 P.M., twenty-seven hours after the application of the acid. Intellection was preserved to the last. The autopsy showed little microscopically, but the kidneys were in a state of passive congestion; the kidneys and liver both contained chromium, and the membranes and choroid plexus of the brain were injected. Dr. White adds: "The sudden death in this case was surprising, as the text-books contain no word of warning against the dangers of using chromic acid while recommending its employment." This last statement is slightly erroneous, for in the United States Dispensatory, as also in Wood's *Materia Medica and Therapeutics*, the dangers of chromic acid are mentioned, even when used locally.)

This death from poisoning is sufficiently important to be placed on record. The writer of this has already had an experience with chromic acid, that confirms the fact that it is a dangerous drug. Some years ago a private patient of mine in the Good Samaritan Hospital, a lady, had been under treatment for chronic metritis and hyperplasia of the os, for four months. After treating the case for this period of time, I had occasion to apply to the os uteri chromic acid. I used a solution of 100 grains to the ounce of water, and with a small piece of cotton, wrapped around an applicator, I dipped the swab in water, and then dipped it into the chromic acid solution. Hesitating then to apply it in exactly that strength, I plunged the swab quickly in some more fresh

water, and then applied it lightly to the os and cervix, and removed the applicator.

In doing this, I wish it to be distinctly understood that I did not insert the swab into the uterus, or push it at all between the lips of the os, but simply applied it lightly to the os and cervix. The patient, soon after the application, began to complain of distress, and that she felt weak and dizzy as if she was going to die. These symptoms seemed to be like a threatened collapse, and her condition became more and more alarming, to my great surprise, so that I was necessitated to administer a hypodermic injection of morphine to relieve her. In a short time, she partially rallied, but still complained of feeling great depression, and a fear that she was going to die. She was a plain woman, not impulsive, not hysterical, but strong-minded, and this sudden collapse seemed to me to be caused by the small quantity of chromic acid applied locally to the os and cervix.

The first hypodermic was administered at about 12 A.M., and during the night, at about 12.30 P.M., she had a second attack of great distress, with a weak pulse and chilly feelings, eyes sunken, features contracted, and she was impressed with the idea that she was going to die, so that a second hypodermic injection of morphine was given (17 drops of Majendie's solution). She was weak the next day and remained in bed for the following two or three days, but recovered entirely.

After this experience, I looked up the record of chromic acid. In Stricher's *Jahrbucher*, 1877, p. 139, it is spoken of as a poison, uncertain in its action, and has produced death when locally used. In the *Edinburgh Med. Journal*, 1871, p. 281, is an article from a French journal, where M. Gubler speaks of its dangers when locally used. These facts I stated at the meeting of the International Congress at Washington, in 1887, in the Section of Laryngology, while discussing the uses and dangers of chromic acid in nasal affections, when applied locally in hypertrophic rhinitis. In catarrhal-nasal affections, and in ear diseases it is often used by specialists, and I have not seen or heard of any serious consequences from its use in those cases; but whenever I have had occasion to use it in practice in the affections named, I have done it with a feeling that it might act upon some persons unpleasantly. I know of one instance where a practitioner made for himself at his office a solution of chromic acid in glycerine, and while shaking it, an explosion was the result, but the consequences were fortunately not serious. It should be dissolved only in water, as glycerine has the property of inducing the acid to part too rapidly with its oxygen, thereby causing an explosion. The causes that produced the death in the case above narrated by Dr. White are sufficiently obvious, and easily explained, as the chromic acid seems to have been rapidly absorbed into the general circulation and produced intense systemic toxicological effects, with a

fatal result. The action of the acid in the case I have detailed is not so easily explained. It must be indeed a poison to act so quickly, and as it were dynamically, within five minutes after a small quantity of it came in contact with the cervix. Was the quick and violent action caused by absorption, and intoxication of the blood, or by its dynamic action upon the nerves? or did the patient have some peculiar idiosyncrasy in her constitution, whereby the chromic acid exhibited in her its toxicological action? In Allen's new Handbook of Materia Medica there is an abbreviated proving of chromic acid. A peculiarity of its action is, to produce confusion of ideas, memory affected, great restlessness, depression, and a fear of death; but the author does not mention its uncertain and dangerous action, or give any caution regarding it when used locally as a cauterant.

From the authorities quoted, and my own experience, I think it is a drug that should be thoroughly proved, and I would like to hear from members of the profession, if they have ever noticed any dangerous effects from its use when applying it locally.

I have frequently applied chromic acid for the destruction of warts, for papillomatous growths and caruncles of the urethra, and for small vegetations upon the privates, and thus far have not seen the slightest harm from it in those obstinate and troublesome affections.

507 N. Fourteenth Street, ST. LOUIS.

---

### THREE HEADACHES.

By GEO. M. OCKFORD, M.D., LEXINGTON, KY.

**SEPIA.**—A nervo-bilious temperament had from age of puberty until thirtieth year of age been subject to headaches, coming on from fatigue, mental exertion. The pain was always in the right temple and of a pressive character, the eyeball on the affected side being sensitive to pressure during the attack. Binding up the head relieved somewhat, but the headache continued until sufficient sleep had been secured to rest the system. It was altogether a perfect *sepia* headache, and this remedy gave prompt relief. My first prescription was *sepia* 200 and was successful, one dose being sufficient to cure an attack. There was no subsequent treatment, and the headache returned. *Sepia* 3x was prescribed, without benefit. Next the 30th was tried, and that potency relieved the headache in about three hours. After that, whenever the headache came on a single dose of *Sepia* 200 was sufficient to cut off the attack, the pain subsiding in from twenty to thirty minutes after its administration. Another point was the less frequent occurrence of the headache after the *sepia* was given. The prescription of lower preparations of the drug was experimental, and satisfied the patient and physician that none of them were as efficacious as the 200th.



*Lycopodium*.—Z., a printer, had complained for over six months of headache. Had been treated by several physicians without relief. The pain was constant, and consisted of a hammering about the center of the forehead. If anything, there was slight relief during the forenoon, but every evening between 4 o'clock and bedtime there was marked aggravation, but at all times when awake, the patient was conscious of his headache, and its severity had reduced his strength and vitality. The symptoms present pointed to lycopodium, and this was administered in the 100oth potency. The relief was immediate, and after a night's rest the patient woke up refreshed and his headache gone. There was no return of the trouble for three months, when the headache returned to be again relieved by the same remedy in the same potency. It is now nearly a year since, and the patient remains in good health.

*Kali Phos.*—Mrs. —, nervous temperament, after nursing was subject to severe headaches, the pain being principally in the occiput. The pain was increased by noise, and always came on if the patient had undergone fatigue. She was sleepless and had gone feeling at the stomach at times when free from headache, and was weak and nervous. Kali phos. 6x, a dose four times a day, improved the general condition and stopped the headaches.

---

## GONORRHŒA—TWO TROUBLESOME CASES.

By W. J. MARTIN, M.D., PITTSBURGH, PA.

THURSDAY evening, Nov. 15, 1888, Wm. M., æt. eighteen. Has not been able to urinate since last night, although he has great urging, but can only pass a drop or two. Says he had the clap, but used an injection which soon cured him, and there has been no discharge for a week. He thinks he caught cold, though he has no pain at all. The bladder is full. Immediate relief being called for, I passed a soft catheter, without any difficulty, and emptied the bladder. *B. Cantharis* 1x, two hours. Friday, was sent for to see him; still unable to urinate; lies in bed, as in that position the urging is less. He has now a free purulent discharge from the urethra. Again I used the catheter, but the soft one would not pass into the bladder. The silver one went in easily, though some slight resistance was felt when the prostatic portion of the urethra was reached. *Copaiba* 1x, was now given instead of the canth. Saturday, same as Friday, had to draw the urine with the catheter; the resistance to the passage of the instrument into the bladder was more noticeable. Continued *copaiba*. Sunday morning, again passed catheter. Sunday evening, he came to the office to get me to draw the urine again, saying that he could not get through the night

otherwise. My efforts to do so failed. I tried many kinds and sizes of catheters, and lacerated the urethra some, as a little blood passed from the penis. I could feel the instrument under the pubic bone, but it would go no further. I gave him cantharis 1, and told him to go home and to bed.

Monday, before daylight, I was called from my bed to go to his relief. I found him in great agony, on hands and knees trying to urinate; constant urging and passing not a drop. Bladder very much distended. Having taken my aspirator with me, I at once aspirated just above the pubes and withdrew about 1½ pints. R. Pareira brava θ in water, a dose every hour.

Tuesday morning, had to repeat the aspiration. Continued pareira.

Wednesday morning, tried to pass a small flexible catheter but failed, and again the aspirator was used, drawing off as before about 1½ pints. Changed remedy to mer. sol. 3. I spoke of the case that day to Dr. Thos. Reading, then resident surgeon at the Pittsburgh Homœopathic Hospital, and as he seemed interested in the case I invited him to see the boy with me that evening, and try his hand at passing a catheter, as I was feeling uncomfortable about the frequent plunging of the not very small-sized aspirator needle into his bladder. The doctor was on hand promptly with a large assortment of catheters and sounds, and to his credit be it said he passed his first catheter without any difficulty; the bladder was emptied, the catheter removed, mer. sol. 3 continued, and there has been no trouble since. The patient steadily improved on the mer. sol. until every vestige of the disease had gone.

But, lest this report should be misleading, and mer. sol. not be given its due credit, I ought in truth to add, that during the afternoon before Dr. R. passed the catheter, the patient had passed urine.

CASE II.—W. H., æt. twenty-four, single, consulted me Oct. 26, 1888, about a trouble that seemed to be giving him a vast amount of mental worry, and which upon examination I told him was urethritis, but which was no doubt gonorrhœa, though he steadfastly denied that he had ever in his life been guilty of an act that would expose him to the disease, in the way in which it is ordinarily contracted. The young man is a Sunday-school teacher and a member of the Y. M. C. A., and I let his statement go unchallenged. I have heard it said, however, by some older practitioners, that to contract gonorrhœa from water-closets and other unnatural places, is a privilege that belongs exclusively to the clergy, but this young man's case make it appear as though the Sunday-school teacher will have to be placed on the same footing with the clergyman in this respect.

From Oct. 26 to Nov. 20, the case ran the usual course, the most troublesome feature being the painful erections during sleep, but this yielded very nicely to cantharis 3. On the date last mentioned I was

called to see the young man at his home, and found him in bed with acute articular rheumatism. Pulse 96, temperature 101°. Pain in knees and elbows, but most severely in the metacarpo-phalangeal articulation of the index and middle fingers of the left hand. Gonorrhœal symptoms almost all gone.  $\mathcal{R}$  Pulsat. 3 in water, a dose every two hours. Pains in knee and elbows better next day, but the hand worse; dusky red swelling. Continued pulsat. Nov. 22: No better, has had no rest or sleep for three days and nights. Got some ease last night while holding the hand in hot water.

This symptom—relief from heat, together with the great restlessness, worse at night, and the dusky red color of the swelling—determined the changing of the remedy from pulsat. to rhus tox. and in addition, the hand was to be enveloped in flannel wrung out in hot water.

Nov. 23.—Much improved; slept the greater part of last night; pain, swelling, and redness in hand, all less. *Increase in the urethral discharge*, but no dysuria or painful erections.

Under the influence of rhus tox. the rheumatism steadily and rapidly disappeared, until in a short time the patient was able to resume his work, but the discharge from the urethra, which was yellow and painless, continued very free, and it was nearly two months from the time of the subsidence of the rheumatic trouble before this discharge was entirely gone, and then it only ceased entirely after the careful use, twice a day, of an injection of five grains sulphate zinc, 1 oz. Lloyd's hydrastis, and 3 oz. aqua dest.

This may look like poor homœopathic treatment, but I am free to confess that many cases of gonorrhœa, after being promptly relieved of the acute and painful symptoms by our indicated remedies, merge into a condition of painless urethritis, there being but one symptom, and that is a slight yellow discharge without any pain whatever. These cases I fail to cure with our internal remedies, but with the injection as above (sometimes it is necessary to have ten grains sulphate zinc) they promptly get better and there is no further trouble.

## ANOTHER CACTUS GRAND. CASE.

By ROBERT BOOCOCK, M.D.

IT is now fourteen years ago—this case of which I proposed to speak. I had just taken up my residence in the village of ———, Green Co., N. Y., and was in need of business, when a man stopped me on the street and asked if any one suffering from heart disease must die; was there no cure? I asked him if he was suffering, for he was very nervous and pale-faced. He said he was not, but that his brother was given up to die by his physician; that the priest had given him the

last offices of the church. I replied that I could tell better if I could see the patient. He asked me to accompany him, which I did. I found the house full of people, and some time elapsed before I could get to his bedside. When I finally saw him he presented a very haggard countenance, and certainly looked like a dying man; his breathing was very short; cold sweat on his forehead; his hands were pressed on his chest over his heart; he said the pain was there, in gasps. I told him to cheer up, that I would try and give him rest soon. His wife undertook to see that he had the medicine given properly, which consisted of cactus grand. 3d, in water, one teaspoonful every half-hour. On my return in the course of two hours, as I turned into the street where he resided I saw the other physicians drive away. But when I saw the sick man, what a change had taken place! He smiled at me; the haggard expression was all gone; body warm; man weak but comfortable. I directed them to continue the medicine every two hours. They wanted me to take charge of the case. I asked if they had told the other physicians of their wishes? They said they had not. I thereupon sent word to the doctors if they would meet me I would make their time mine. They replied that they never gave up cases. And they continued the case on Dovers' powders for three weeks longer; but the patient had no return of his heart trouble. The other physicians had been treating him for inflammatory rheumatism.

FLATBUSH, L. I.

---

### INFANTILE LEUCORRHŒA.

By E. G. GRAHN, M.D.

KITTIE K., aged five years, was brought to me by her mother on January 4. The mother said her little girl had a discharge from the vagina. After some coaxing Kittie permitted an examination, which showed the discharge to be light yellow or creamy in color and rather thick,—not a great deal of it, but still it alarmed the mother.

No symptoms could be elicited further than what was observed by examination, and that Kittie had for a long time been constipated. Stools hard and dry; not exactly large as under bryonia or calc., nor small as under plumbum, opium, alumina, magn. mur., or kali carb.

Now I asked myself, what is the remedy? My mind reverted to calc. ostrearum. To help me in my diagnosis of the remedy, Kittie had light hair and a fair skin, though she was not so plump as the typical calcarea patient.

However, I gave calc. ost. 10x, one powder each day for twelve days. No change being noticeable by the 24th of January, calc. ost. 30 same way.

On March 3 the mother came again with the patient to state that

she had been away several times to another homœopathic physician with Kittie, as she feared Kittie was the subject of some "bad disorder," and that I might not be able to cure her. The other doctor had tried to induce the belief that the servant had the "bad disorder," and that the little girl had in some way received it from her; and the servant was of course discharged without many questions.

In this rather uncertain frame of mind I gave Kittie thuja, cannabis sativa, and merc. cor. in the lower dilutions,—telling the mother all the time that I doubted very much the correctness of the other doctor's statements, and avowing my belief that it was simply leucorrhœa; and to prove it, a microscopical examination of the mucus was made, revealing neither gonococci nor anything else to justify the belief in the gonorrhœal character of the disease.

This satisfied the mother. I told her that now since these remedies had been prescribed one after another without effect, I wanted her to let me have my own way in the matter, to which she assented.

After further consideration of the case, it dawned upon my benighted mind that pulsatilla was the remedy. Kittie was light-haired, fair-skinned, blue-eyed, and rather timid. Further I had known her to be brought to tears rather quickly. March 17 I gave her pulsatilla 200, once a day for a week. A few days showed a lessening in the quantity of the secretion. March 26 I noticed a standstill of the case, and gave sulph. 1 m, one dose and placebo. The discharge slowly lessened, until in the second week of April another standstill induced me to give on April 13 puls. 200, four powders, followed by sulph. 200, three powders. Before the end of the month she received again a number of doses of puls. 200, which settled the matter. The pulsatilla did not, however, reach the constipation, which I hoped the sulphur would help it to do. For this constipation, with a rather fitful appetite, I gave her nux 200, and Kittie, greatly to her mother's delight, was soon a well girl, and has remained so to this day.

NORTH VERNON, IND.

---

## THE STATE AND MEDICAL EDUCATION.

By J. G. GILCHRIST, A.M., M.D.

THE December issue of the HOMŒOPATHIST devotes a large part of its space to the defense of the *Clinical Reporter*, which it really seems to need, but which is attempted on wrong lines. I am enjoined to avoid "personalities," so all such expressions as "execution-proof" "vivid and lurid imagination," "political journalism, vicious in intent, despicable in style, and wretched in grammar and spelling," which are specimens of the language in which I am referred to, will be ignored,

albeit it is difficult to see how such an injunction could be fairly insisted upon. In the present article an attempt will be made to show clearly the *causa belli*, in the first place, and secondly to justify it may be, the claims set up for State schools so opposed to purely private enterprises.

The HOMŒOPATHIST says (page 405): "no candid reader will find any grounds in the article (I. D. F.) for the unprovoked assault made by J. G. G." Permit me to quote from the article in question, and at the same time state the animus, as it seems to us. I. D. F. says: "A 'university town,' away from the bustle of crowds, its choice literary society, etc., is an admirable place for a classical school—but the worst place of all for obtaining a medical education." In another place he says: "4th. Avoid mixed faculties and mixed schools, where homœopathy and allopathy are thrown into constant contact. Experience has shown that homœopathic students have been compelled to listen to scurrilous attacks upon their system and its adherents from chairs that were supposed to be neutral, and have been subjected to abuse and even physical attacks at the hands of old-school students, in dissecting rooms, hospitals, etc. Unless you are a thoroughly 'muscular Christian' and quite ready, as well as competent, to hold your own in a 'physical discussion,' attend a purely homœopathic college." I do not see the *Reporter*, and had no knowledge of the identity of "I. D. F."; did not know he was the "lawyer-editor," or even that he was the editor or a lawyer. One of my colleagues called my attention to the article, which at first struck me as one of questionable propriety only, but which was explained to me as an attack on our department that demanded an answer. The party calling my attention to it did so, as he said, with a view to my replying to it, as circumstances stood in the way of his doing so. The *nom-de-plume* was suggested by me for the purpose of giving it an unofficial character, and was not only a mistake on my part, but seems to have signally failed in its object. Now what prompted the attack on our department? A man spent less than half one term in our department, and after causing us much annoyance, in many ways, left the school. The next year he made application for matriculation, but was refused. Shortly comes a letter from an officer of the St. Louis school, stating, in effect, that this man had applied to them for matriculation and advanced standing, on the ground of having attended two years in S. U. I., but not exhibiting the proper credentials. The St. Louis people wanted to know his status with us. They were informed that his claims were fraudulent, and yet they *did* matriculate him, and, more than that—graduated him on one term of lectures, reporting him by name to the Bureau of Registration A. J. H., as credited with *two full courses in the University of Iowa*!! Now I do not know how such a course of action may look to the editor and readers of the HOMŒOPATHIST, but to us it bore the character of a legitimate cause for criti-

cism, and on such grounds my letter was written. And, Mr. Editor, this was all I did write. The editorial notes were not written by me, I have written nothing but the letter signed by my transposed initials, which, by the way, was read by the editor before it went to the printer; When you say, therefore: "If he will now read over again J. G. G.'s letter and editorial (which slipped into print during the editor's temporary absence), he will be astonished to find," \*\*\*\*\* that "it is reeking with jealousy and narrow-mindedness," \*\*\*\*\* "that it would be wise not to permit J. G. G. to assume "magisterial" function again," etc., you evidently were misinformed grossly. I have never written a word for the editorial pages of the *Northwestern*, nor have I any interest in it, in a pecuniary, editorial, or proprietary sense. The editor is amply able to conduct his journal, and doubtless will be prompt to deny any delegated authority to me or any one else. So much for the "animus." To me it seems the *causa belli* was legitimate, and further explanation is not needed.

I propose, in what remains to be said, to follow the paragraphs in the order of their arrangement in the HOMŒOPATHIST; in the interests of brevity, however, extensive quotations will be avoided. It may be assumed that the first and second have been sufficiently noticed above, so attention will be directed to page 406, as a convenient starting-point.

By way of preface, and to avoid repetition, permit a word or two on the general subject of medical education. There can be no question that modern medicine is one of the most complex and inclusive of all departments of study. There is scarcely a branch of natural science that does not have a close relation to medical science AND art. The well equipped in "science, literature, and art" will always, in the nature of things, have the advantage over one less happily situated. In other words, scholarship, culture, and learning are pre-requisites in the accomplished medical scientist. None but a fool would undervalue such advantages. The only way that should be open to the earnest student should lead through the classics and sciences; or, to put it in another form, medicine must be made a *post-graduate* study, the neophyte coming to it with an honestly earned degree in letters or science. The same is true of all departments of study that have a practical relation to society, such as law, public sanitation, and civil engineering. I do not see how such a proposition can be controverted. If the facts are admitted, it follows that the State must either monopolize scientific teaching, or exercise a positive control of it in some other way. It must establish a standard and enforce uniformity in the interests of the people; public health and public prosperity are in the relation of cause and effect; it is as much the duty of the State to insure adequate medical and legal knowledge and skill, as it is to enforce sewerage or

any other sanitary condition. Older civilizations than ours have almost, if not quite, without exception gradually assumed the control of professional training, and it is only fair to suppose that the necessities of a denser population, and conditions growing therefrom, will soon compel our own government to adopt what seems to be an almost inevitable and universal practice. So much by way of preface ; if any have a narrower conception of the subject, there can be no argument between us.

(P. 406. ¶ 1) : There is doubt expressed of the statement referring to the variety, etc., of the clinics at Ann Arbor and Iowa City. Speaking for my own clinic I can say this : We do not depend upon Iowa City or its environs for clinical material. Our case-book shows patients from all parts of Iowa, from western Illinois, Wisconsin, Minnesota, Nebraska, Kansas, Missouri, even as far away as Montana. The field from which our supplies are drawn is far more extensive than any single city in the country could furnish, and the facts amply justify the assertion that many a school in a large city might envy the *variety* of our clientele. There are very few of the major operations that have not been made at our clinic in the past three years. But the chief point, to my mind, and one that visiting physicians always comment approvingly on, is that the class have such a close relation with the patient from "start to finish."

(¶ 2.) "Will Prof. G. say in what respect the N. Y. Hom. Med. Coll. and Hospital—a private school—is inferior to Ann Arbor or Iowa City ?" With pleasure, sir. In the first place, the school mentioned can hardly be placed in the category of "private school," in the sense that I used the word. Well, in the first place it is a matter of absolute indifference to Regents, or Faculty, whether there is one student or fifty, one graduate or one hundred. The perpetuity of the school and the continuance of its work does not in any sense depend on the student patronage. Next, we find that the school of medicine is a *department* in a University, one which has a close relation to all the other departments. Its scientific faculty is not composed of men who give from four to five hours a week to *didactic* teaching of the fundamentals of medicine, but whose entire time is devoted to their work. Every day in the week, from 9 A.M. to 4 P.M., doing their work in *laboratories*, not in lecture rooms, and with apparatus at their command which not even New York possesses, far less such schools as St. Louis and others of like character. Biology, experimental physiology, and kindred subjects, may seem foolishness to the editor of the HOMŒOPATHIST ; if common-school methods of text-book instruction satisfy him, I much question if the bulk of the profession will be found agreeing with him. I take it, for illustration, that the man who analyzes the bile in the laboratory, studies its source, and experiments with modifications



resulting from intentional lesions, will know more about the physiology of the liver than he who gets his information on the same subject from a lecture, or even a demonstration. Now we *know* that such instruction is not furnished by any private school, big or little ; they cannot do it for want of time and equipment. To duplicate the chemical equipment, to say nothing of other departments equally as important, of Iowa University, would require space greater than any private school now has, and cost quite as much as their entire establishment. You see we know what the private schools have got, but you seem to be ignorant of what the large universities have. If you honestly—as indeed you seem to do—believe homœopathy does not need any such adjuncts, why there is no room for argument. If you gauge a man's professional worth by what he earns, I will grant that Warner, the "safe cure" man, or Ayer, the "cherry pectoral" scientist, will outrank the most scholarly. But, thank God, the world has no such sordid and contemptible standard of comparison, at least such portions of it as we care to be judged by. You ask in the same paragraph : "Will he say that the student graduated from the Iowa University can compete in thoroughness of homœopathic instruction with those 'graduated by either of these three ?'" (Hahnemann, Phila., New York, and Pulte). Yes, sir, he can and does, most emphatically. More than that, he can say one graduated from Iowa went to one of these schools for post-graduate study, and came back a *spoiled* homœopathist. He was a good one when he left us ; he came back with the firm conviction that "where homœopathy was indicated it was good ; but useless in other cases !" Yes, sir, he said just that, when a year before his belief was that there was nothing else but homœopathy. As far as *homœopathic* teaching goes, we will not consent to be placed second in any list you can draw up.

(P 407, § 1.) All the gentlemen mentioned in your paragraph are honored and esteemed by me, fully as much as they can be by you. I know most of them, and will gladly give them the position you indicate. But, the paragraph is not debatable, for you misunderstand my language entirely. Perhaps its grammar, etc., is at fault, or it is clumsily expressed, but the "specialists" referred to are not the *medical* teachers, but such eminent masters, as Andrews, Calvin, McBride, Wilder, Winchell, Langley, Prescott, *et id genus omne*. So all the eloquence of this and later paragraphs is thrown away, particularly as the most of it refers to Ann Arbor. Moreover, in the few instances where a *true* "specialist" does not fill a university medical chair, an honest scanning of my letter would surely show that a prophecy is made, rather than a statement of fact. The "inevitable logic of events" will secure all for the future that the most enthusiastic medical teacher can ask ; it is inevitable because it will be indispensable.

(Page 409.) "When the universities contain the BEST there is to be had in the way of teachers, as in Europe, then the people may agree to close the doors of such institutions. . . . What is there to be had at Iowa City or Ann Arbor, in the way of homœopathic instruction, that cannot be had as well and better in New York or Philadelphia?" To the last paragraph we answer, probably nothing, and the reverse is equally true. I am of the opinion that homœopathics are taught as well in one class of schools as in the other, neither better or worse. But all the rest—and how vast this is—is better taught in a State school, *first* because it has unlimited indorsement and facilities; *second*, because its equipment cannot be duplicated by the best private school. You tell us your teachers engage in teaching from the "*love of it*," but may not teachers in State schools have equally honest motives? Certainly the salaries paid to university professors are not so large that the motives must be self-evidently mercenary. Now my own work may be poorly done, but, my dear doctor, you do not know anything about it. But as to amount, how does it compare with the ordinary private school curriculum? Lectures, quizzes, demonstrations, clinics, and hospital visits consume from fifteen to eighteen hours a week. Now do any surgical teachers in "private" schools give any more *time* to their work? Of course the *value* of my work must be judged by others than either you, Mr. Editor, or myself.

I think I have now gone over your editorial compliments to me as fully as a reasonable space will warrant, but not by any manner of means exhaustively. There is but one thing remaining, viz., a definition of the word "private" as used by me in the article to which you have taken exceptions. No doubt the term properly would include all schools not supported by the State. Practically, however, the schools I had in mind were not those to which you so often refer, New York, Philadelphia, and the two Chicago schools, all of which are well-to-do, own their own buildings, have hospitals of their own, and probably something equivalent to an endowment. As a matter of fact, however, I will not exclude them from the list, because they cannot and do not teach any better homœopathy, nor by better methods, than we do; and when it comes to all the collaterals of medicine, they cannot, in the very nature of things, compete successfully with State schools, chiefly from the utter impossibility of securing adequate equipment and outfit. Go to Ann Arbor and Iowa City, and *see* our laboratories, then tell us honestly what you think on this matter.

Now, in conclusion, when you close your editorial: "As to the editorial which pats the correspondent on the shoulder, and still further adds to the gravity of the charge herein made. . . . we venture the assertion that the same pen wrote both letter and editorial. The same peculiar vindictiveness threads the two articles," you were in error, as I

I have already shown. But the "vindictiveness," in the light of my explanation at the opening of this communication, must certainly have the effect to induce you to change the term to "righteous indignation." How is it, sir? Do you approve the assault made on State schools in general, and Iowa in particular, in I. D. F's editorial in the *Reporter*? Or do you approve of the manner in which the St. Louis college graduated the man referred to? Or is there no apparent inconsistency in putting such a high standard in print, and basing most extravagant claims thereon, when, in at least one instance, an utterly unworthy man was given a degree that cannot be distinguished, as to value, from one honestly earned?

IOWA CITY, IA.

---

## SOCIETIES.

### NEW YORK.

THE thirty-eighth semi-annual meeting of the Homœopathic Medical Society of New York has been had at Rochester, September 18 and 19, with a large attendance of physicians of both sexes. Dr. Day-foot makes a thorough presiding officer, and his conduct of the meetings was highly creditable. The presidential address was replete with good suggestions, and his dissection of the indifference of the general practitioner towards his county, city and state societies was done in forceful fashion. The several bureaus were ably represented, and many valuable papers presented; Dr. Gorham presenting the papers of Drs. Caldwell and Waldo, the former on "Electricity in Sexual Neurasthenia," the latter "General Paralysis of the Insane," both of which papers elicited thorough discussions. In the *Materia Medica* Bureau we find *Antimonium crud.*, by B. LeB. Bayliss, *Apocynum can.*, by H. D. Schenck, and *Argentum nitricum*, by Jno. L. Moffatt.

Dr. H. M. Paine, of Albany, read the report of the Committee on Medical Legislation. His report covered the work accomplished by the committee during the last six months. He said the question between the homœopathic and allopathic schools was narrowing down to whether the former had not the right to license its students without an examination by a board of allopathic physicians. He thought it was not just to submit a student who had earned a diploma to an examination for a license by a board the majority of whose members were inimical to him. The report said the movement for a license was hostile to homœopathy. The bill providing for a State examining board should be amended so as to provide for an allopathic and a homœopathic board, or so as to give homœopathic students in charge of examiners of the same school. The report closed with the following resolutions:

Whereas, A movement is in progress, on the part of the allopathic school, to control the right of licensure, embracing the transference of the standard of medical acquirements from the diploma to the license, and placing the latter under State supervision, by means of State examining and licensing boards, to be appointed, State by State, throughout this country; and,

Whereas, The appointment of a number of such boards may be reason-

ably considered an indication that the people are supporting this movement ; and,

Whereas, The appointment of said State examining and licensing boards, when controlled by representatives of one school, have been uniformly found effective and subtle agencies for interfering with the growth of rival systems being subversive of the free exercise of the civil rights on the part of the schools representing the minority therein, hence powerfully destructive in their tendencies ; and,

Whereas, The homœopathic school being independent of and equal with allœopathic in providing and maintaining the facilities for imparting medical instruction, and being also desirous of securing the elevation of the standard of medical education, but distinct from and untrammelled by allopathic supervision or control ; therefore,

*Resolved*, That public interests and those of the homœopathic medical profession require the continued maintenance of homœopathic medical colleges to the full extent of their usefulness, for imparting a practical knowledge of homœopathic principles and practice.

*Resolved*, That in the opinion of this society, the maintenance and continued usefulness of homœopathic medical colleges will be seriously impaired if each of the graduates thereof is to be subjected to the risk of obtaining a license to practice from examining boards exclusively controlled by long recognized and openly admitted professional opponents.

*Resolved*, That, inasmuch as separate homœopathic medical colleges are incorporated for the purpose of imparting not only a knowledge of homœopathic therapeutics, but also to give instruction in all other departments of medical learning, it follows that separate State examining and licensing boards should be provided for the graduates thereof ; to the end that both the educational and licensing interests of the homœopathic school may be wholly controlled by its own representatives.

*Resolved*, That we, the members of the Homœopathic Medical Society of the State of New York, desire to call the attention of the members of the Legislature of this State to these important facts, and earnestly urge a continuation of the long established and recognized policy, followed since the foundation of this government,—the exercise of equal civil rights by all its citizens ; the State having uniformly accorded to our school an equal standing with that of its medical rivals, by giving us separate societies, hospitals, asylums and medical colleges, and by placing them under our denominational control.

*Resolved*, That inasmuch as minority representation on the part of our school in a single State examining board lowers our recognized standing ; places us in a position of inequality and, inferentially, of inferiority, we most emphatically hold that public interests, as also those of our own school, require that in the establishment of the proposed system of State examinations, instead of creating a *single* board, provision should be made for the appointment of two or more boards, one of which should be placed under the supervision of the homœopathic school, each of these separate boards being subject to the same rules and standards of acquirements ; and we hereby urge the members of the Legislature to support only a bill providing these requisites.

*Resolved*, That the Committee on Medical Legislation be thereby authorized to prepare and publish for distribution at its discretion 2000 copies of a pamphlet and such circulars as may be required, setting forth the questions at issue, so forcibly stated by President Dayfoot in his

address, and also the sentiment in part presented by the committee in its report.

*Resolved*, That the Committee on Legislation be hereby authorized to solicit subscriptions to a fund for conducting the correspondence and carrying on the general work of promoting the objects set forth in the foregoing report and resolutions.

Upon motion the report was referred to the committee and the resolutions were adopted.

The evening session opened with the Clinical Bureau, in which Dr Gorham read a paper entitled, "Clinical Observations illustrating the Curative Power of Drugs." He said homœopathy had stood for years intrenched behind its motto, *Similia similibus curantur*, but if it was to retain its lead it must purge itself of errors and apply the rule only where practicable. Considerable discussion followed Dr. Gorham's paper. Drs. Moffat, Laird, Bacon, Brayton and Spencer spoke on the subject. The question related to the treatment for gall stones. Dr. Moffat thought it was cowardly in a physician to use morphine so that he could go home to sleep after quieting the patient. Dr. Brayton thought morphine should be administered so as to relieve the patient. Dr. Spencer thought there was a happy medium, and that the use of morphine should be regulated by the nature of the patient.

Dr. Hasbrouck read a paper on "Addison's Disease," by Dr. E. Perry Jenks of Brooklyn—a young physician formerly of the old school who has recently embraced the doctrines of homœopathy and joined the Kings County Homœopathic Society. This paper was of considerable length and elicited some discussion.

"Cases in which Symptom Prescribing Failed" was the title of a paper read by Dr. N. M. Collins of this city. The doctor told of many cases in which operation effected cures when medicines failed. He was followed by Dr. Spencer, who read extracts from a paper prepared by Dr. J. Montfort Schley of New York, entitled, "Some Personal Observation in Angina Pectoris." The author dwelt on the varying phases of this terrible disease at some length. At the conclusion of the reading of the paper, adjournment was taking until ten o'clock next morning.

A company of some seventy persons, including physicians of both sexes and invited guests, sat down to the banquet following the evening business session. Dr. Jesse W. Buell acted as toastmaster, and was introduced by Dr. Dayfoot. Toasts were responded to as follows:—"Hahnemann," Dr. John L. Moffatt of Brooklyn; "The American Institute of Homœopathy," Dr. H. M. Paine of Albany; "The State Society," Dr. Herbert M. Dayfoot of Rochester and Dr. F. F. Laird of Utica; "Homœopathic Education," Dr. C. A. Bacon of Washington.

Dr. James C. Wood, of Michigan University, talked on "The Relation of Woman to the Profession." He said the women of the 19th century are not made after the pattern of those in olden times. She has been casting about for the last fifty years for some outlet for her abilities. Woman need never lose her refinement by entering a profession. But some women do harm to the sex. They substitute for refinement and kindness, boldness and aggressiveness. They harm the sex more than all the opposition which comes from the opposite sex.

The second day's proceedings were equally interesting, and no abatement of interest noted. During the interludes, the local physicians constituted themselves as committees to see that the visitors should not suffer in the way of sight-seeing and other social amenities. The New York State Society still continues to be at the head.

## BOOK REVIEWS.

**LECTURES ON OBSTETRIC NURSING**, Delivered at the Training School for Nurses of the Phila. Hospital. By THEOPHILUS PARVIN, M.D., Professor of Obstetrics and Diseases of Women and Children, at Jefferson Medical College; Obstetrician to the Phila. Hospital. Phila: P. Blakiston, Son & Co., 1012 Walnut St. 1889. Price 10c.

A most useful little book on the topic treated of. Prof. Parvin is master of his subject as well as of language, for these lectures are interspersed liberally with many classical quotations and invariably apropos. The didactic lecture is made thereby less perfunctory, and really interesting. No one truly in love with nursing, no matter how long experienced, can read these pages without gleaning many useful ideas which they will do well to carry into execution at the next opportunity. Many of the points bear the stamp of originality and will profit the user; among these is a Method for Raising the Hips for the Removal of Soiled Bed-clothes, Washing of the Infant, Occupation during Convalescence, Puerperal Convulsions, etc. Although differing in some minor essentials from our notions of these things, it is yet so excellent in general that we do not hesitate to recommend it.

**A MANUAL OF DISEASES OF THE EAR**, for the Use of Students and Practitioners of Medicine, by ALBERT H. BUCK, M.D., Clinical Professor of the Diseases of the Ear, in the College of Physicians and Surgeons, New York; Consulting Aural Surgeon, New York Eye and Ear Infirmary. 420 pages. Illustrated. Price, extra muslin, \$2.50. New York; William Wood & Company.

Dr. Buck treats this subject in masterful fashion, as may be inferred from the fact that the "Ear" alone occupies 420 pages closely and compactly printed with but few illustrations, and these of no exceeding value, being mainly of instruments and how to use them. It is possibly true that diseases of the ear do not offer a very extended range for the artist's pencil; be that as it may, the descriptive matter is good and ably presented. The book is divided into fifteen chapters, separate chapters being devoted to Methods of Examining the Middle Ear, Fractures of the Temporal Bone, and Specific Diseases. To those who are specialists in ears, or preparing for such course, the book must prove invaluable. To the general practitioner, however, it is, we believe, too voluminous and too "learned." The publishers have deviated from their usual form of binding and have dressed this in scarlet muslin; making it very attractive.

**PHYSICIAN'S VISITING LIST FOR 1890**, published by P. BLAKISTON, SON & CO., PHILA., is already on our table. It is similar to that published in former years, with which the homœopathic profession is well acquainted. To enumerate its peculiarities with a view to commending them, would be but to repeat what we have formerly said, and which we now simply refer to. The List is still as popular as of yore. It contains the usual information in regard to Dosage, Disinfectants, New Remedies, Metric System, and an abundant room for record. The price ranges from \$1 to \$3, being determined by the size of the book, and this of course by the number of patients.

THE BOOK BUYER, being a Summary of American and Foreign Literature, published monthly by Charles Scribner's Sons, N. Y., is a pleasant little journal which condenses a story of several hundred pages within the compass of thirty or forty lines. True, it does not give the whole story, but when you have read the critique you will be prepared to say whether you care to read the original or not. It is usually illustrated with a few half-tint copies of the original pictures, so that a fair idea can be had of the story. Each number also contains a fine wood-cut engraving of some prominent or favorite writer, which may easily be taken out of the journal and framed for library use. As the subscription price is only \$1 per year it is accessible to all readers who care to be posted on current literature, and to all others who have not the time to read nor means to invest in the larger books.

*The Century Magazine* for the year last past has in no wise deteriorated from its former excellent style of work. It has been in the advance on all matters pertaining to its curriculum. Kennan's Siberian papers have never for one issue lost their horrible fascination and melancholy interest. The Lincoln story is as complete as it is possible for two such energetic and pains-taking biographers and observers as Messrs. Hay and Nicolay can make it. It is not only a history of Lincoln but of contemporary events, the majority of which are yet fresh in our minds, in many of which the principal actors are still living. Cole's engravings never cease to astonish us for their beauty and faithfulness in reproduction. The Longworth Mystery was a masterpiece of short novel. The Irish sketches were fine and the interest sustained to the last. Dialect stories have been numerous and good. The engravings have been uniformly beautiful. Thus might we continue enumerating excellence after excellence. *The Century* is too well-known, however, to need such recapitulation. It is a beautiful magazine, filled with choice literature, a wholesome variety, and always up to date. The prospectus for 1890 shadows forth a host of good things.

*Lippincott's Monthly Magazine* for December, 1889, presents its usual complete novel, interesting and instructive as of yore, but this time doubly so because it is contributed by John Habberton, whom everybody knows as the "father" of "Helen's Babies." "All He Knew" is a remarkably and strikingly original story, in which an ex-convict, converted to Christianity while in prison, is the principal actor. To be properly understood in all his relations and influences upon others, his family relations, his struggles, the story must be read. It is told in the graphic and forceful fashion of this celebrated author; and also because the story is based upon facts known to Mr. Beecher and others. The twelve numbers of Lippincott for the past year have, without an exception, been valuable additions to our library. Other magazines are admired because of their handsome engravings, and other excellencies, but Lippincott is sought after because of its complete novels and its other points of information. The addition, of late, of "Among the Wits," under the supervision of the genial Burdette, gives an added attraction. Space will not permit of any extended review of the several numbers, but we cannot close without saying that we uniformly found the magazine trustworthy, clean, honest, and in the front rank of literary excellence.

## GLOBULES.

—The Eclectic Medical College of New York City has completed a new and commodious college building in the city.

—The sweet Melanchthon of individual liberty of thought, that Nestor of harmonious and energetic action, the lamented and ever-revered Carroll Dunham.—*Talcott*.

—For mosquito bites and the bites of other insects, paint the affected part with chloroform, which will at once relieve the pain and itching, and soon reduce the swelling.

—PUS IN URINE.—To detect pus in urine, drop enough tincture of guiac into a specimen to produce a milky appearance ; then heat a few moments. The pus will produce a blue tint.

—The first issue of the *Journal of Electro-Therapeutics*, edited by Wm. Harvey King, M.D., and published by A. L. Chatterton & Co., proves to be an attractive journal. Nearly 100,000 copies were printed of this issue.

—TO CHECK FLOW OF BLOOD.—When an artery is severed compress above the spurting surface. Blood from arteries enters the extremities. If a vein be severed, compress below the spurting surface. Blood in veins returns to the heart.

—A pure essence of beef, prepared by a firm of world-wide reputation and highest standing, is now made by Armour & Co., 205 La Salle Street, Chicago. It is prepared in a careful manner, from good and wholesome beef, and is guaranteed by this reliable firm to be pure beef essence.

—On Oct. 28, 1889, the Cincinnati Homœopathic 'Lyceum' was organized, with the following list of officers and thirty members to start with : President, C. E. Walton, M.D. ; Vice Presidents, W. A. Geohegan, M.D., Clara A. Mackintosh, M.D. ; Treasurer, Geo. B. Ehrman, M.D., Secretary, Thos. M. Stewart, M.D.

—The New York Homœopathic Medical College and Hospital is withal a handsome structure. But it is tiresome to constantly be reminded that this magnificent pile is situated in the country suburbs, for such it must surely be, else it would not be spattered all over with mud. Or can it be that the light and dark spots in the etching are high lights and low shadows added by the architect without extra charge ? Any way, the picture is marred by this original effect in shadows. The gangrenous spots are not pleasing to the æsthetic eye.

—THE PARIS AWARD.—Among the thousand of exhibitors who have made a display of their wares at the Paris Exposition this year, less than one-half received any award ; the remainder received honorable mention, bronze, silver and gold medals, but to a very limited number was the Grand Prize awarded.

The medical profession will not be surprised to learn that the Grand Prize was awarded to Nestle's Milk Food. This is the second occasion on which this great distinction was conferred on this celebrated infants' food.



— *The Chironian* for November, 1889, contains a paper on "The Uses of Ergot in Labor," which had better have been left out of a homœopathic journal. Notwithstanding its careful wording, its whole tenor is allopathic, and can serve no homœopathic purpose. For instance: "Ergot finds its most valuable application in post-partum hæmorrhage, and its exhibition here is imperative, when the hæmorrhage results from uterine atony." Why *imperative*? Will not "uterine atony" yield to ipecac, belladonna, sabina, and the many other homœopathic remedies? We are confident that they will if properly used.

—"Uncle Pomp," said Colonel M. to a former slave, "I hear that some of you darkies down on the lower place are afflicted with the itch."

"Bein' as it's you, boss," replied old Pompy, hesitatingly, "I mus' confess dat the Lawd has seen fit to afflick us dat way, for a fac."

"Oh, doing anything for it?"

"Yes, sah; Oh yes, sah."

"What?"

"Why, we—er—am scratching for it."—*Chicago Druggist*.

— REMEDIES IN CARBUNCLE.—*Arsenicum*, indicated in malignant carbuncle; great prostration and restlessness; small irregular pulse; cold sweats and fever.

*Belladonna* is used at commencement when there is considerable thickening; smooth, bright red, tense skin.

*Silica* in indolent carbuncles; also after it has begun to discharge; it checks the excessive ulceration and promotes healthy granulation.

Hepar, lachesis, apis, arnica, and bryonia will also relieve many cases.—*Chironian*.

—The semi-annual meeting of the Northeastern Ohio Homœopathic Association was held in the parlors of the Hotel Hurford, Canton, Oct. 16. The session was a highly interesting and profitable one. President Gann makes an efficient presiding officer. He is a hustler. Drs. Ruckebrod and House, with their wives, quietly formed themselves into a local Committee of Arrangements, and the royal manner in which they fed and entertained the forty visiting doctors and their better halves was a caution. They deserved and received the thanks of the Association. The next meeting will be held at Akron, in April, 1890, where there are no less than eight large-hearted practitioners of the school, who are a unit, and they will do themselves honor in making the occasion a good success.—*The Med. News and Bulletin*.

—BAPTISIA TINCT.—All the discharges of Baptisia are fœtid—stools, urine, breath. I attended a man who had been a miner; when taken sick he did not want a calomel doctor. He had been sick for two days, with the most profuse flow of saliva I ever saw; the odor in the room was sickening; fully two quarts of saliva were secreted in the twenty-four hours. It was so ropy that he had great difficulty in getting clear of it; it would hang in ropes from his mouth to his feet. I thought of kali-bich. His mouth seemed not to have a particle of mucous membrane left. It was as raw as a piece of beef. This ulceration was through his mouth, tongue, and throat. He was terribly sore all over; aching in the bones; numbness of head, hands, and feet; stupid and sleepy. I abandoned kali-bich., and gave him baptisia, and it cured him in four or five days.—G. W. SHERBINO, M.D., in *Hom. Phys.*

—SOME HEADACHES CURED.—The *Homœopathic World* relates through John H. Clarke, M.D., the curing of a headache which came periodically to the patient the day after washing, with phosphorus 30, a drop every four hours. The character of the headache was, violent shooting pains left side of the vertex; > wrapping up the head in flannel.

Also a seaside headache beginning in the morning and lasting till night, and only when at the seaside; cured with natrum. mur. 10m.

—As a member of the Bureau of Materia Medica and Therapeutics in the American Institute of Homœopathy, I have selected as the subject of my paper, "The Pathogenetic and Therapeutic Properties of the *Cactaceæ*." The number of known *genera* in this *family* is 18, and of *species* about 800. I desire to include in my paper all medical information concerning any species. I urgently solicit physicians of any country to send me all observations relating to the toxic and curative powers of any member of this important family, before June, 1890.

E. M. HALL, M.D.

CHICAGO, ILL., 65 Twenty-second Street.

—THE NEW PREVENTIVE OF SEA-SICKNESS.—An original German investigator has recently published the results of his studies in sea-sickness, and informs us that this miserable trouble can be easily and surely averted by bending the knees slightly with each movement of the vessel, so that the little synchronous lurches of the individual offset the effects of sympathy with a ship having the heaves. As all medical specifics for sea-sickness have failed shortly after their discovery, we now turn with renewed hope to our German conferee, and we wish to know what he will charge to come to this country and to see with us in consultation several of our patients who are in the habit of going to bed before the vessel leaves her dock, who do not get out of bed until the journey is finished, and who are seasick all of the way across the ocean. Perhaps with his help we can rig up some sort of an apparatus worked by a strap from the engine that will keep our patients' knees gently bending to and fro for a week at a time.—*N. E. Med. Monthly*.

—AN ASEPTIC HYPODERMIC CASE.—The advantage claimed for this syringe is in the construction of the case, the syringe itself being a plain



glass barrel with graduated piston and screw fitting caps. The case is of a new pattern compact and strong. The cover and lower portion are both of the same size and shape, each being strengthened by having a ribbed form

extending likewise from end to end. A clamp at either end, one catching the upper and the other the lower half of the case, holds it closed with a firm grasp. The needles and syringe are held in place by metal clamps so that if the case be opened when wrong side up its contents will not be spilled. The case is aseptic and may be kept so by occasional immersions in an antiseptic solution.

—LOCAL APPLICATION IN CANCER.—Morphine combined with vaseline forms one of the best possible sedative applications in cases of external malignant disease in which there is ulcerative breach of surface with continuous pain. The mode of prescribing the preparation runs as follows :

R. Vaseline pure..... 1 ounce  
 Chloroform..... 2 drachms.  
 Morphine ..... 4 grains.  
 Mix thoroughly and make into an ointment.

*Med. Brief.*

---

### OH-DON'T-LOGY.

DON'T violate the sanctity of a private letter, even if you have a bone to pick with its author.

DON'T get confused on "gall-stones" following the copious ingestion of olive oil. They are probably stearine.

DON'T use bistoury for buboes. Evacuate the tumor with small trocar and canula, so say Drs. Boileau and Jackson.

DON'T push chloroform anæsthesia beyond the small and immovable pupil. A sudden dilatation following is a danger signal.

DON'T let the nurse wash baby's eyes directly after "cleaning up" the mother, unless the nurse has first carefully washed her hands.

DON'T say that ergot is imperative in post-partum hæmorrhage. It is not. Give the homœopathic similimum first, last, and all the time.

DON'T consume time and expend eloquence in proposing and passing resolutions in the Institute. Dr. Dillow proposes, but the Grand Secretary disposes.

DON'T forget that there is to be an International Homœopathic Medical Congress in this country in 1891 ; and that this is not too early to direct attention thereto.

DON'T permit the use of a common bed-pan in obstetrics, meaning by that a bed-pan which is loaned about from one neighbor to another in all kinds of complaints.

DON'T be lulled into the security of believing that the action of the Institute on a resolution is final. There is a higher court from which there is no appeal : to wit, the Publication Committee.

DON'T raise your mellifluous voice or your caustic pen against the Senate of the Seniors, henceforth, forward, and forever. There is a higher tribunal which decides the disposition to be made of Institute legislation.

DON'T wait a moment. Let's see how it can be worked, so as to embody the caution as well as the moral. Guess we can't improve on the original. Here it is : During the past ten years the population of this country has increased twenty-six per. cent., while insanity has increased sixty per cent. There seems to be a necessity to reduce the percentage of insanity, and a corresponding need to increase the—er—a. However, make your own application.

# THE AMERICAN HOMŒOPATHIST.

VOL. XVI. NEW YORK, FEBRUARY 1, 1890. No. 2.

FRANK KRAFT, M.D., EDITOR.

WE give space in a following page to some remarks of Dr. Pemberton Dudley, general secretary of the American Institute of Homœopathy, touching the correctness of an editorial and other statements in our January issue having reference to the publication of the Dillow resolution in the current volume of the Transactions. Upon being advised that Dr. Dudley felt deeply aggrieved at the statements alluded to, having construed the criticism into a charge of personal malfeasance, we at once communicated to him our disclaimer of any such purpose, and assured him that such was not and is not the purpose of the editorial. For answer Dr. Dudley sends the letter, which we gladly publish in order to do no injustice to any one. We cannot refrain from expressing our astonishment, however, that an old-time journalist, a public man and teacher of many years' experience, should fail to make the distinction between acts official and acts private when they relate to himself or his office. Regarding the truth or falsity of our editorial—that the Dillow resolution as published in the Transactions is not exactly in the form in which it was read to the Institute on the one day and made a special order for a succeeding day—we may have somewhat more to say presently, as soon as "la grippe" lets go its grip on us. We may casually remind the general secretary that we had the pleasure of being present during that entire stormy period, that we were deeply interested in the proceedings, and took short-hand notes—not as an "Officer of the Institute" (somebody has carefully corrected and revised *that* page in the Transactions for 1889)—but simply as a "private" party, paid by the Institute to do the work of an officer who should be without title. Also that the provisional secretary's short-hand notes will show the points to which we may allude hereafter. This much in anticipation.

\* \* \*

PROF. GILCHRIST, in his letter in this Journal of January defending his position on the University question—a letter, by the by, which is attracting much attention—makes a number of charges against the private school system which must convince the most cursory reader of his truthfulness and that he speaks within his knowledge and is deserving of a fair hearing. He clearly points out wherein the University—as a classical, all-around school—is and always must continue to be the superior of a simple, plain, unendowed medical school. No element of doubt enters the proposition thus stated. It is, however, matter for speculation whether the time will ever be ripe in this country for demanding a University degree as a matriculation prerequisite for

the intending Æsculapius. It is not our purpose to detract, even by a remote suggestion, from the value of a University degree; for that man would be foolish and ill-conditioned indeed who denied its power in the arts and sciences; still it is a singular fact, not wholly American, that some of the brightest and most successful brains of the centuries were not University bred; how much greater their fame and renown would have been had a University education been superadded, no tongue can tell. That a medical man with the University training has the advantage at the start, all things considered, goes almost without saying; but that this disparity will continue to the finish, is a widely different proposition. Neither do we question the value of biology, pathology, experimental physiology, histology, and the other studies of a University; indeed they are proper and useful. But when, as it is most apt to be the case in this day and generation in the South and West and some parts of the North, a man knocks at the door for admission, a man who has not enjoyed the advantage of college and university, but who has been in touch for years with practical things and ideas, a student of human nature, generally well read and informed, and who has been quietly reading medicine for a number of years, when such an one applies for matriculation, his inability to translate a chapter in the Greek Testament, or to bridge the *pons asinorum*, or passing any other civil service farce examination, ought not to keep him without the portals of the medical temple. Prof. Gilchrist does not say that Iowa or Ann Arbor requires University degrees, but his arguments irresistibly tend to that conclusion. "Horse-sense" ought to govern in the matriculation, and not the ability, phonograph-like, to repeat what has been impressed on the cylinder, nor the size of the class to be turned loose in the ides of March. The American Institute of Homœopathy we believe is in possession of the correct solution of the problem: the graded course, the three years actual attendance at school, and a fair preliminary examination. Prof. Gilchrist has done the profession a signal service in directing attention to these abuses; a service which it is reasonable to believe will not cease in its effectiveness, until the abuses and wrongs so graphically pointed out by him shall be wholly done away with.

\* \*

OUR esteemed contemporary, *The Medical Counselor*, we are informed, has gone by the board, or rather has been absorbed by the *Medical Era*. The *Homœopathic Physician* also has been sold—we still speak only from hearsay—and goes to New York. Whether it will be published there under its old name, or issued under some other form, or disappear entirely from the journalistic horizon, our correspondent does not say. This latter information may be wrong, since in its December number it speaks of a contemplated change of editors, or rather the retirement of Dr. Lee.

\* \*

WE mention this simply to express a regret that the seemingly successful journal should have found it necessary to change its original plan either editorially or locally. It at one time was the accredited mouth-piece of the I. H. A., and naturally of the high potency flank. But illness of its chief editor, weak eyes, and other

minor harassments, have caused him to ask for a respite. *The Medical Counselor* was always a welcome friend, and especially under its last management. Dr. McLachlan elevated the monthly from the narrow field of a university record into a national journal that was gladly received wherever it went, and whose articles, editorial and contributed, were quoted and excerpted by the standard journals of our schools. Its absorption by the *Medical Era*, while it does not materially enhance the value of that journal, makes a break in the journalistic bulwarks which it will take many days to repair. It is our hope that Dr. McLachlan's pen may not remain idle, notwithstanding his retirement from the editorial tripod, for the profession has no editorial pen to spare. It needs vigorous writers, fearless writers, writers who are abreast of the very latest improvements and discoveries in medicine; and such an one the school of Homœopathy had in Dr. McLachlan.

\* \*

LATER—Since writing the above we have received the January number of the *Homœopathic Physician*, which distinctly denies the change of location, though it admits the change of editors. It retains Dr. Walter M. James, one of the former editors, and adds Dr. Geo. H. Clark, and for collaborators publishes the names of sixteen eminent Hahnemannians. In this its initial number under the new régime it affects the French style of appending the initials of the writer to the editorials. We are glad to see it have an opinion, and to have it expressed in vigorous language; for while the contributors make up the great body of a journal, yet a journal made up wholly of contributors is as tasteless and artificial as a series of text-book essays. We are glad to have the *Homœopathic Physician* continue with us in its old dress, and hope it will prove a financial as it has always been a Hahnemannian success.

\* \*

“MANUAL of Diseases of Maidens, Wives, and Mothers, with Explicit Hygiene and Therapeutical Management of Diseases Peculiar to the Sex, Embracing the Most Popular Modes of Treatment of the Present Age,” is the somewhat extensive and expansive title of a little book by G. N. Worley, M.D., printed by the Rev. W. H. Ogle at Williamsport, Indiana. Price 25 cents. “With Compliments of the Author.” After devoting 54, 3 x 5 in. pages to the learned discussion of all the ills to which the gentler sex is heir to, Dr. Worley appends a “Supplement” entitled “Quackery,” which, because of its meatiness and truthfulness, being unequaled by the “*Arizona Kicker*,” we publish *literatim et verbatim*:

There is perhaps no profession nor occupation known to mankind so much abused and trampled under foot as the science and profession of medicine. Whether people have been imposed upon until they (many of them) with acute penetration of mind feel and see that the representations of the medical profession are a worthless set of numskulls, far beneath their dignity, however, and mental culture, or whether they think the profession is an easy and smooth-graded highway to distinction and wealth, that any one can travel without an effort, or the simple inquiry of the proper course to pursue.

“Tramps,” shoemakers, carpenters, one horse preacher doctors, tinkers, especially

the clock tinkers, perambulating the country, and after securing a menial job that amounts to a few cents or a dollar, inform their patrons that they are [AS SOME OF THEM EXPRESS IT] great doctors, and can cure the most obstinate and formidable diseases, "Fever and ague," they can cure with salt and vinegar, or with alum and nutmeg or horse radish, boneset and whiskey, or with wild cherry and prickly ash combined, not knowing the incompatibles, and too ignorant to be told that wild cherry bark was an arterial sedative, and that prickly ash was an arterial diffusible stimulant, and were therefore incompatibles or contraindicated in some abnormal conditions of the system, would tell you they did not use these high follutin words, but common sense words which we are unable to find in their presumptive vocabulary, but the worst type of these soft constituted medical dispenser, are the "traveling preacher doctors" who read a few pages of physiology and some old family practice compiled by some patent medicine M.D. and without any other preparation go forth, armed to nostrumize the illiterate masses, and win a name, and should a patient, after undergoing the gigantic process of their clinical treatment, still have sufficient vitality to recuperate, all is well, and such success elevates them to their pedestal of fame from which all future knowledge comes to them by intuition, until their store excels, and transcends all medical science; and the elevation of the profession. It is difficult to estimate even approximately, the large amount of injury that patent medicine venders inflict upon the American people, where they have unlimited sway, and to contemplate the loss of life and health which is produced by them. . . . Infants and children drugged with all sorts of dangerous panaceas, until they die innocent sacrifices on the altar of fraudulent avarice and ignorance—

Widows and orphans pay their last dollar for a bottle of virulent poison injurious stuff to enrich those engaged in the sale of patent medicine and secret nostrums—Who can see these lying hand bills, obscene almanacs, and cards stuck out at show windows, and read their pretended cures, and sure cures, and all cures without blushing for truth? . . . "To lie like a bulletin, is a phase formerly used to express the extreme of mendacity," to lie like a one horse preacher doctor, may now be employed, to communicate the same idea: . . . And hundreds and thousands believe in him, swallow bushels of his universal pills; drink gallons of his purifiers, sanguifiers, ready medicine. Thus the work of humbugging and swindling goes on with base impunity and people applaud the very service and deeds that they hourly denounce and strive to shun, only to be more shamefully imposed upon, for which they pay the highest rewards unconsciously for being humbugged. . . . Will not some of the medical societies make it their business to ferret out, and have them prosecuted and punished to the utmost, these diabolical knaves? If this were done, and well done, it would do more good than the "temperance cause" or the sending of two thousand Bibles and religious documents a week to the heathens. . . . It is time for regular educated physicians to speak out on this subject. . . . It seems right to say, as a mere matter of fact, that I have for the last ten years made a daily study of the diseases peculiar to the mother, wife, and daughter, and I have myself recorded between 2000 and 3000 cases, I have also a splendid pathological collection.

## THE OPEN COURT.

—ON THE CURE OF FACIAL NEURALGIA, ODONTALGIA, AND ALLIED NEUROSES.—In August, 1889, Dr. George Leslie found that, by an operation of extreme simplicity, he was able to arrest a very severe attack of supra-orbital neuralgia, and in what seemed to be no more than the period of nerve transmission. The idea at once suggested itself, that if a neuralgia or other pathological condition of one branch of the fifth cranial nerve could be controlled so easily, it was almost certain that similar conditions of other branches of the fifth, and probably of other cranial nerves, might be successfully treated by the same means. He immediately began a research on this point, which has been carried on

during the past months. They appear to be important, to show that many of the most distressing and acutely painful ailments to which we have been supposed to be heirs—such as neuralgic headache, face-ache, toothache, ear-ache, and allied complaints—are, in the great majority of cases, unnecessary, and that a beneficent nature has provided for them, to the rich and poor alike, an effectual remedy.

For all the cases of this nature which have come under his care a uniform treatment has been followed. It has been the application of powdered chloride of sodium to the nasal mucous membrane. The salt may be used by the patient as snuff, a pinch being taken into the nostril of the affected side, and in many cases this is effectual in preventing recurrence, but the best results have been got when the salt has been applied by means of an insufflator. Charge a small insufflator, the chamber of which contains about four grains, and ask the patient to draw air up the nostril while the contents is injected. It will be found that the application produces little pain or discomfort.

The mode of disappearance of the neuralgia is noteworthy. So unattended is it by any form of shock or unpleasantness, that though the patient may be suffering from intense pain one minute, and be absolutely free from it the next, it is generally somewhat longer before he can realize his altered condition, and he usually employs a short time in introspection before announcing the favorable result.

—I remember an article by Dr. Ehrman of Cincinnati, published in the *Investigator* a few years ago, in which he recommended arnica as a septic and pyæmic remedy and a specific for the puerperal state and for post-partum tympanites. I also find that Grauvogel says, that after he began the use of arnica in or after confinement he never had a case of puerperal fever to deal with. This harmonizes with my own experience with the use of this drug, which I invariably prescribe in the lying-in state, and it is now more than five years since I have had a case of this kind to develop in my practice.—T. E. REED, M.D.

—My experience of retained placenta is that it is very seldom retained by adhesion. Now I wish to make a statement in as few words as possible, and I wish every one of my professional brethren who have doubts about it to try it in the next ten or twenty cases they attend, and see if any of them have cases of retained placenta. Most physicians (not all) tie the cord twice and cut between, leaving all the blood in the placenta; which renders it hard, firm, and resisting. Now tie but once, and let all the blood in the placenta drip into the cover of the vessel which will be found in every sick-room. This keeps the bed as clean as if the cord was tied twice. Wait from three to five minutes, and then, without leaving your chair, complete the third stage of labor by removing the placenta and membranes. By rotating the placenta and



twisting the membranes into a cord, you will be sure of them entire and no hæmorrhage will follow. By allowing the blood to escape you will lessen its size one-fourth, and change it from a hard, firm, resisting body to a very pliable and accommodating one, and you will seldom find adhesion. My impressions are that the sooner the third stage of labor is completed the less danger there is to the mother.—OLIVER S. LOVEJOY, M.D.

— For disinfecting by fumigation, take :

R Paraffin.....	9½ parts.
Iodine.....	1 part.
Salicylic acid....	2 parts.

This mixture made into pastilles produces iodine and carbolic acid when burnt, and will both deodorize and disinfect the sick-room.

— Unless you are positive of your remedy, prescribe *sacrum lactis*, and then go home and study up your case thoroughly.—*Chironian*.

[*Sacrum lactis*? Why, yes, that's that funny-shaped bone which has a lot of knobs on the back side, supposed to be fossilized nipples.]

— The following simple contrivance is a very effective way of stopping bleeding from the nose, says a correspondent of the *Homœopathic World*, even in bad cases, and where there is a frequent tendency to this trouble. Take a bit of soft sponge, moisten it, and then drop upon it two or three drops of *hamamelis*  $\phi$ , place this in the bleeding nostril, and close the other, and keep the mouth shut, so that the breathing shall pass through the moistened sponge alone, drawing with it the vapor of the *hamamelis* tincture. In every case where I have tried this, the bleeding has stopped at once. A parishioner was lately spitting blood from the lungs, which her doctor said arose from the rupture of a small blood-vessel. It struck me that if the vapor of ham. would stop bleeding in the head, it might do so in the lungs also. I therefore directed her to plug both nostrils with sponge moistened as above, and to breathe through them, keeping the mouth shut, and was informed the day after that the spitting of blood had ceased.—F. H. B.

— DIET FOR DYSPEPTICS.—Alcohol, wine, and especially red wines, vinegar, butter, oils and fats, bread, greasy beef tea, ought to be strictly forbidden; ragouts, pork, except ham, must be abstained from; beef and veal are often injurious. A dyspeptic ought to live on milk, soft-boiled eggs, chicken, mutton roasted or broiled, ham, smoked tongue, brains, sweet bread, whiting or other fish plainly prepared, clear purées, cream, boiled potatoes, green vegetables. Instead of bread he may use dry biscuits, Albert crackers, toast. At the meal he may take water or tea, and off and on some white wine and water.

—SULPHUR AND SEPIA COMPARED.—Sepia has inflammatory irritation of the tip of the nose; Sulphur, bleeding of the nose on blowing

it. Under Sepia the smell is lessened or lost ; under Sulphur there is smell of old catarrh in the nose.

Both remedies have pale or yellow face, but red spots on the cheeks decide for Sulphur. The facial eruption of Sepia is around the mouth and on the nose ; that of Sulphur more on the upper lip.

Sepia has a puffy nose, but Sulphur has freckles on the face.

Sepia affects mainly the lower ; Sulphur the upper lip.

Sepia has pain and decay of the teeth ; Sulphur disturbances of the tongue and lessened saliva.

Sepia has loss of appetite ; Sulphur, thirst and aversion to meat. Under Sepia the taste is mostly bitter or salt ; under Sulphur it is sour.

The chief gastric disturbances of Sepia is vomiting of bile ; but Sulphur has water in the mouth, qualmishness, nausea and sour vomiting.

Sepia affects mainly the liver ; Sulphur, the stomach.

Sulphur has rumbling in the abdomen, while the complaints of Sepia prevail in the hypogastrium.

Sulphur has offensive flatus, obstructed stool or diarrhœa, and stools bloody, green, knotty, mucous, offensive, scanty, with ascarides, lumbrici, tænia. In comparison with these Sepia has only the bloody stool in equal degree. Sulphur also has aggravation during stool and ineffectual urging to stool, and affections of the perineum.

Sepia gives dark urine, with reddish or bloody sediment ; Sulphur, increased desire to urinate, flow of urine by drops, involuntary urine at night.—DR. RUSHMORE.

—In retarded menstruation, when pulsatilla or senecio are not indicated, and if at the regular time instead of the menses there is pressing headache with a feeling of weight in the head, melancholy, palpitations and other reflex phenomena, cimicifuga proves itself to be an excellent remedy. In suppression of the menses from cold, mental emotions, or if accompanied with fever or rheumatic pains in the limbs, or violent headache or uterine cramps, cimicifuga is most useful.

—A physician who understands human nature plays with the baby, makes friends with the children, and listens to the woes of the good wife and mother, is the fellow to whom the master of the house most cheerfully pays the largest bills. It's the comfort, the consolation, that mark the broad line between an unsuccessful and a popular physician.

—A special diet for Bright's disease is not in the least indicated—it ought to be founded on the broadest basis, bearing in mind that the disease is an affection gradually and steadily consuming the bodily strength : while the forms of diet should be given according to the want and necessity, and without the unjustifiable and exclusive endeavor to compensate or change the loss of albumen by the urine.

—Dr. Vale, a respectable homœopathic physician, says : " It is an indisputable fact that every disease naturally tends to recovery, and that nine cases of sickness out of ten would recover just as quickly without medicine as with, by simply going to bed and resting, abstaining from food, and so giving nature a chance to act. The tenth case being those who are stricken with mortal disease, which *no doctor* can cure.—E. W. in *Vanguard* of St. Louis.

[Dr. Vale is evidently an original thinker.]

—The coroner of St. Louis refused to conduct a post-mortem in a case of suspected foul play to a young woman, because the body had been embalmed, and thus, he thought, all reliable evidence of criminality obliterated.

—The Eighteenth Annual Report of the State Homœopathic Asylum for the Insane at Middletown, N. Y., transmitted to the Legislature January 9, 1879, contains a report by Superintendent S. H. Talcott, which is worth reading a second and a third time. Our preceptor used to tell us : " Never fail to read a preface by Hering." The mingled instruction, wit, humor, and pathos of Dr. Talcott's writings make us latterly very loth to " skip " anything from his pen. This apparently perfunctory report is bristling with good medical points, as well as points relating to hospitals and the treatment of the insane, which will, as already said, repay reading a second and even a third time. The Superintendent's report opens with a report of his visit to the asylums of other countries, and describes what he found and learned. His recommendations are his own, and bespeak his careful study of the subject.

—SUBCUTANEOUS INJECTIONS OF AMMONIA IN ACUTE ALCOHOLISM.—Inject under the skin a mixture of one part ammonia with two to six parts water. Two or three minutes after the injection an erysipelatous redness is observed around the puncture, and the next morning some soreness. Glinsky has seen a patient comatose from alcohol recover consciousness within three minutes after such an injection.

—Nearly all the cases of hourglass contraction occurring in my practice were in cases where I had given ergot.—Dr. M. G. PARKER, of Danville, Ind.

—HOMŒOPATHY STILL DYING OUT.—" The Paris Homœopathic Hospital—Hôpital Saint-Jacques by name—situated at 227, Rue de Vaugirard, has been left a 500,000f. legacy by Mdle. Vinet, and obtained legal permission to accept the same."—*Homœopathic World*.

—Catarrh has long been a vexatious disease to combat, and yet inhalations of ammonia muriate seem to afford most satisfactory results.

## THE MEDICAL PROFESSION VS. CRIMINAL ABORTION.\*

By G. MAXWELL CHRISTINE, A.M., M.D.

---

With Comments on the Legal Phase of the Question, by J. E. SCATTERGOOD, Esq.,  
of the Philadelphia Bar.

THE physician should be, and to his credit be it said he generally is, the conservator of the public health. Coequal with the advancement in his knowledge of the nature of disease and its treatment, has been from all time his endeavor to increase his information respecting the causes of disease, and their prevention.

The physician who does no more than dose his patient with medicine, fulfills but a fractional part of his function. But he who goes out on the highways, into public places, and among the dwellings of men, searching out spots where lurk germs of disease, or where they are apt to fall, rest, and there abide until an opportune time arrives for their lodgment in the human system, there, under the requisite conditions, to develop into disease,—such a physician, other things being equal, obeys the injunction placed upon him, not simply to heal the sick, but to keep well the healthy.

No more solemn duty can rest upon man than this; nor in view of the circumstances is there one more difficult of fulfillment. Whatever the original sin may have been, that of perversity has been the bane of the human race since the beginning. From Holy Writ and the tongues of wise men have come numerous instructions for the preservation of health; yet people will disregard them, to the certain and inevitable injury of the normal bodily condition. It soon became so when history first began to be made; it has been so ever since, and probably will be so to the end. In spite of this, however, man has been preserved; and whilst there may be grave doubts of the possession by our race of the strength and vigor of former ages, much is being done toward a return to its former pristine condition. But this restorative process is a battle, fortunately presided over by the best genius of the race. Each one of us must join with watchful eye, willing heart, and ready hands, in the crusade. The steam-engine, telegraph, telephone, and other inventions must not stand alone as marking the progress of the Nineteenth Century. The achievements of sanitation and preventive medicine stand with equal right by the side of any of the causes which make this a progressive age.

The question which confronts us as we coincide in this statement of fact is—what part do we play in this warfare against disease? Or, to

---

\*Read, September 17, 1889, before the Pennsylvania State Homœopathic Society, at Pittsburg, Pa.

indulge in a better simile, in this building up of a defense around and about the race, whereby the advance and encroachment of disease can be checked? What physician fails to bear well in mind his double capacity, of preventer and curer of disease? I leave the question with each one of my hearers, while I try to consider it in one of its numerous phases, namely, as it has to do with the alarming growth in the number of abortions artificially and criminally produced. That the destruction of the human foetus as a result of the desire not to have children is on the increase, is patent to the most superficial observer. Whether chastity is becoming less a virtue among single women I cannot aver, but that among this class abortions are now more the habit than formerly, can be attested by any physician of much experience.

Even among the married, there are few wives who do not know of some means to destroy the foetus before it comes to full term, and who have not in some manner, and at some time, applied one or more of these means in their own cases. The abortionist plies lucratively his or her trade in nearly every town and hamlet. Moreover, rare is the physician who has not had women from the various grades of the social world appeal to him for his services, whereby they can be rid of their "mishap." The single girl thinks of her approaching shame, and the prospective father is apprehensive of the consequences of his guilt; and without thought of the danger to health, and even to life itself, the unfortunate woman seeks, and too frequently finds, relief from her burden. Both wives and husbands are too often anxious to get rid of the products of conception, and, likewise regardless of result, make every effort to abort. So frequently is this the case with both single and married women that it is time our legislatures should give more attention to this increasing evil, that better and more effective safeguards shall be thrown about our women to "protect them from themselves." In proof that the laws respecting abortion are not effective, we need only notice with what publicity abortionists carry on their business. It is a well-known fact that they are rarely indicted and more rarely convicted. The public prints contain advertisements, couched in various terms, of preparations warranted successfully to abort; large drug firms derive immense profit from the manufacture and sale of emmenagogue pills; many retail druggists willingly sell emmenagogue drugs and mixtures; and some physicians are unfortunately too apt in prescribing them for abortion. Aside from the morality of the act, and basing our statement on the physical needs of the woman herself, this condition of things is nefarious. Whilst morality alone furnishes sufficiently cogent reasons for the condemnation of the practice of criminal abortion, there are powerful physical reasons against it which should appeal to the judgment of every woman and man.

The operations of nature in the growth and development of the foetus *per utero* can never be checked or interfered with unless at the sacrifice of the future health of the uterus or its appendages. This is a statement that cannot be successfully disputed. Whether produced by medicine internally, by external violence, or by operations *per vaginam*,—the result is always the production of a sequel never or rarely ever overcome. Metritis, subinvolution, salpingitis, ovaritis, peritonitis, retro- and antero-postures of the uterus are some of the results of abortion ; and I maintain that one of these in light or severe form invariably follows criminal abortion. No matter how carefully applied and observed the treatment after abortion, no woman ever fully recovers the natural tone of her womb. If it be a simple catarrhal endometritis, it is sufficient to produce in time an array of symptoms much to be dreaded. It is needless to depict what follows subinvolution, pelvic peritonitis, etc.

If the declaration herein made, that every criminal abortion has its sequel, is not accepted, there can at least be no objection to the statement that a very large percentage of uterine disease is to be attributed to means adopted for either the prevention of pregnancy or the production of abortion. Unquestionably Priestly was correct when he said ; “It is necessary to remind wives and mothers that even spontaneous abortion is often more damaging to health than natural parturition, more frequently lays the foundation of disease, and, if repeated, abridges the periods of youth and comeliness.” This being true of spontaneous abortion, what wonder that the results are a hundred-fold greater when the abortion has been secured by violence !

However we view abortion and its results, it behooves our profession to raise its voice in no uncertain tones against the practice now becoming so common. We stand midway between the race and the aggressor—disease. Atlas-like, we bear a world of responsibility on our shoulders, and we must have the moral strength to assume it faithfully and honestly. As the medical educators and advisers of the people, let us point out the evil consequences of abortion, showing how they outweigh in seriousness all the results attendant upon childbirth at full term. Moralizing will frequently fail of its purpose ; but an intelligent array of facts from the standpoint of the medical adviser will, if backed by earnestness of appeal, often dissuade a woman from deliberately jeopardizing her life and health by aborting with intent.

In conversation a few days ago with my good friend, Dr. W. A. Chandler, a physician of over a quarter of a century's experience in the practice of medicine, he stated as his firm conviction that more than one-half of the human family dies before it is born, and that probably three-fourths of these premature deaths are the direct or indirect result

of abortion by intent. Men may differ respecting these figures, but no man can gainsay the general truth thus enunciated.

Does it not awaken within the mind of every thoughtful physician a sense of the consequences which this undoubted state of affairs entails upon women; of the inroads it makes upon her health; the effect it has in disquieting the peace and comfort of the home circle; and the result it has upon her future progeny?

As a class, homœopathic physicians have ranked themselves foremost in opposition to that which defiles and injures the body. Let us maintain this supremacy by not only refusing to lend our aid to those seeking abortion, but also by an earnest endeavor absolutely to check the practice altogether. On the first point we need have no fear; but as to the second, let me inquire whether a law by which physicians will have to report abortions, as they now are required to report pestilential and contagious diseases, would not be efficacious. It seems to me to be a matter of as great a value as any we can consider, and I trust this society will so regard it. So convinced am I that this society can take the initiative in a promising movement against the prevalence of abortions, that I have requested my friend, J. E. Scattergood, Esq., of the Philadelphia Bar, to consider the subject from the legal standpoint. He has done so in a very able and comprehensive manner, and I now invite your attention to what he has written.

That the procuration or attempt to procure abortion is a breach of Nature's law, is sufficiently attested by the very unnaturalness of the action and its result, as well as by the evident punishment which Nature invariably inflicts upon the culprit. The woman who submits her body to such an operation pays the penalty in acute and chronic weakness, disease, and disarrangement of her organs, and possibly by the forfeiture of her life.

That this operation, when unnecessarily performed, is contrary to human law, is clearly set forth in our statute books, where may be found the written law at one time supposed to be sufficiently severe to suppress, if not to eradicate, this crime from the trial lists of our criminal courts.

Outraged Nature imposes as her punishment agony, disease, and death; as severe penalties as can be found in her book of punitive justice; but man, in his character of legislator, has seemingly looked with a more lenient eye upon the act, and has either encouraged, ignored, or inflicted a comparatively light sentence upon the abortionist.

That the crime of abortion is horrible, detestable, and damnable need not be said. That some of the worst species of moral leprosy may be directly traced to the door of the abortionist need hardly be enlarged upon. Away from the guilt of the unnatural mother and wife, or of her partner, the incontinent, salacious, willing-to-be-uxoricide—

for he is not worthy the name of husband in its genuine sense—we find in the abortionist the best friend and abettor of weak womankind, or her strong-minded but fast sister, the woman of the town ; to his efforts is attributable the fact that women of weak and immoral character can so lightly consider the possibilities of maternity,—and to him, too, may we look as to the encourager of the seducer, who crawls as a worm into our homes, there to glut his unholy appetite upon the most delicate and fairest fruit of our stately family tree.

Criminal abortion may be defined as the intentional, unnecessary, and wrongful destruction of the human foetus *in ventre sa mère*, and in law the attempt is as criminal as the accomplishment.

The Criminal Code of the State of Pennsylvania is embodied in an Act of the General Assembly approved March 31, 1860, and the law so far as concerns the subject we are now treating is found in sections 87 and 88 (P. L. 404) : See also Purd. Dig., tit. Crimes, VI.—3, Abortions, etc., and reads as follows :

Section 87.—“If any person shall unlawfully administer to any woman, pregnant or quick with child, any drug, poison, or other substance whatsoever, or shall unlawfully use any instrument or other means whatsoever, with the intent to procure the miscarriage of such woman, and such woman, or any child with which she may be quick, shall die in consequence of either of said unlawful acts, the person so offending shall be guilty of felony, and shall be sentenced to pay a fine, not exceeding five hundred dollars, and to undergo an imprisonment by separate or solitary confinement at labor, not exceeding seven years.”

Section 88.—“If any person, with intent to procure the miscarriage of any woman, shall unlawfully administer to her any poison, drug, or substance whatsoever, or shall unlawfully use any instrument or other means whatsoever, with the like intent, such person shall be guilty of felony, and being thereof convicted, shall be sentenced to pay a fine, not exceeding five hundred dollars, and undergo an imprisonment, by separate or solitary confinement at labor, not exceeding three years.”

Section 87, as above quoted, is intended to meet the case of the death of a pregnant woman following any criminal attempt to procure her miscarriage, or the death of the child with which she may be quick. It also meets the case of the death of the woman from drugs administered or instruments applied with the intent to procure abortion, where such woman is not actually pregnant.

Section 88 punishes the administration of drugs or the use of instruments with the intent to procure abortion, although no abortion is actually produced and although the female survives the operation. See Report on Penal Code, p. 25, where, referring to the latter section, some good man has said : “This section, it is hoped, may tend to put a stop to a crime of too frequent occurrence.”



That this hope has not been realized is probably patent to every practicing physician of the State. That it should be realized, and that proper and active measures for its realization should be taken by all reputable physicians, lawyers, clergymen, legislators, and officers of the executive department of government, is believed to be the opinion of this assembly.

But how ?

We would suggest :

First. By increasing the severity of the existing law.

Second. By enacting such additional laws as are found necessary to insure the detection of the crime and the conviction of the criminals.

At present the most aggravated case of abortion with death resulting has for a maximum punishment the payment of a fine of five hundred dollars and imprisonment by solitary confinement at labor for seven years, which term by good conduct and obedience to prison rules may be shortened by about five months. Experience indicates that this sentence is not sufficiently severe.

A few words, at this time, devoted to a rough comparison of the maximum punishment meted out by law for crimes other than abortion, may not be profitless.

The highest and only capital crime known to our law is murder in the first degree. It is generally the willful, deliberate, and premeditated killing of a fellow-man. Murder in the first degree, however, may be committed without deliberation and premeditation, and, in fact, without intention, if the slayer be at the time in the act of perpetrating or attempting to perpetrate any one of four crimes particularly enumerated : viz., arson, rape, robbery, or burglary. Here the intention is of no consequence, or rather is presumed, and conviction of murder in the first degree may be taken and capital punishment may be inflicted.

Next in importance and degree of punishment is the second offense of murder in the second degree. For the first offense of this nature the law imposes solitary confinement at labor for the period of twelve years. For the second offense, imprisonment for life.

These crimes, however, are the extremities of wickedness and guilt, and in this connection, it is hoped, require no further consideration, although abortion by intent, as it has been aptly termed, might not be inappropriate as a fifth crime, the perpetration of which, resulting in death, to be indictable as murder in the first degree.

For voluntary manslaughter, a fine of one thousand dollars and imprisonment for twelve years is adjudged, together with security sufficient to insure good behavior during life.

	FINE.	IMPRISONMENT, YEARS.
For Involuntary Manslaughter.....	\$1,000	2
" Rape.....	1,000	15
" Kidnapping .....	2,000	7
" " with intent to extort, etc.....	10,000	25
" Mayhem.....	1,000	5
" Perjury.....	500	7
" False Personation.....	1,000	7
" Sodomy .....	1,000	10
" Fortune-telling (second offense).....	500	5
" Common Gambler.....	500	5
" Robbery and Assault.....	1,000	10
" " Threat.....	1,000	10
" " Menaces.....	1,000	5
" " of Bank.....	10,000	20
" Stealing Horse.....	500	10
" Burglary.....	1,000	10
" Arson—building empty....	2,000	12
" " occupied....	4,000	20
" Malicious injury to Railroad.....	10,000	10
" Counterfeiting.....	1,000	5
" Forgery.....	1,000	10
" Embezzlement.....	1,000	6

From this table it will be seen that in twenty-three crimes and misdemeanors enumerated, leaving out the extremes of murder in the first and second degree, nearly two-thirds have attached to them heavier sentences than has abortion. They are : Voluntary manslaughter, rape, kidnapping, kidnapping with intent to extort, etc., false personation, sodomy, robbery with assault, robbery with threats, robbery of bank, horse stealing, burglary, arson of empty building, arson of occupied building, malicious injury to railroad, and forgery ; while about one-third fall on about the same general level. These are : Involuntary manslaughter, mayhem, perjury, fortune-telling (second offense), common gambler, robbery with menaces, counterfeiting and embezzlement.

That abortion is worse than any of these latter crimes, and as bad as many of the former, will hardly be disputed. It would be reasonable, then, to place it in the class of crimes, the heinousness of which merits the greater punishment.

Voluntary manslaughter in its nature is more nearly allied to criminal abortion, or its attempt, where death of the woman or child results, than is any other crime ; and the punishment for it will hardly be considered too severe for infliction on the abortionist who, with full knowledge of the possible results of his action, deliberately jeopardizes the life of another, and with premeditation and full intention, destroys the life of the animate foetus. And here it is proper to say, parenthetically, that legal existence, with all its rights and liabilities, commences at the moment of conception. The child *in ventre sa mère* is clothed with every right of inheritance, possession, protection, etc., as much so as the legal infant just about attaining his majority.

The crime of manslaughter necessarily excludes the hypothesis of

deliberate and malicious killing, and excludes all cases where killing takes place in the execution of some unlawful design not involving a deliberate and malicious intention to kill. Whart. Crim. Law, sec. 323.

"Every person convicted of any voluntary manslaughter," says the law, "shall be sentenced to pay a fine, not exceeding one thousand dollars, and to undergo an imprisonment, by separate or solitary confinement at labor, or simple imprisonment, not exceeding twelve years, and, in the discretion of the court, to give security for good behavior during life, or for any less time, according to the nature and enormity of the offense." This is the punishment for a crime, the circumstances of which must negative all evidence of cool depravity of heart, or of wanton cruelty ; surely the crime of the abortionist, where the death of mother or child results, should never be counted less serious ; yet at the present day, the penalty for the most aggravated case of abortion is not much more than half so severe as is that for voluntary manslaughter. May we not reasonably consider this comparative leniency as accountable, at least in part, for the hope of the good man heretofore quoted having gone no further toward realization ?

But it may be said, abortions generally do not result in the destruction of life any further than of that of the *foetus*. Well, laying aside all moralizing and sentiment, if it be possible in dealing with this question, and forgetting for an instant that the *foetus* is as much entitled to protection of its faint life as is the healthiest and stoutest grown man to his more robust existence, there still remains the risk of the death of the woman, and the certainty of her injury, more or less severe and permanent. As all laws should be preventive as far as possible, and all punishments exemplary, the abortionist must be dealt with so severely as to make him unwilling to accept the chance of punishment for even the largest gains he might acquire from his nefarious trade ; so for the attempt alone, though ineffectual, and both mother and child survive, let his sentence to imprisonment be heavier by at least two years than it is at present, and exact the same bond for his future good conduct.

But though our legislature should devote whole sessions to the drafting of laws for the prevention of this crime and the punishment of these criminals, unless some way is found for bringing such cases to the attention of the proper authorities for the purpose of prosecution, little progress in its suppression can be made. At common law, a party is guilty of misprision of felony who stands by during the commission of the felony without endeavoring to prevent it, and who, knowing of its commission, neglects to prosecute the offender : Hawk. P. C., b. 1, c. 59, s. 2 ; 1 Hale P. C. 431-448 ; and by sections 5333 and 5390 Revised Statutes of the U. S., misprision of treason and misprision of felony are

made specifically indictable, but in the administration of the State laws misprision of felony has become nearly, if not quite, obsolete ; dependence being placed almost entirely upon self-interest for bringing criminals to justice. In most instances experience shows this dependence well placed, but in offenses such as abortion it fails utterly and wofully. The woman, whether principal, accomplice, or victim, will not complain, even though she be in mortal agony, and those surrounding her are generally more moved by sympathy for her suffering and shame than by anger and a desire for justice against the felon.

It is suggested that a general law be passed, making concealment of the crime, or failure to prosecute the guilty parties through the proper channels, a misdemeanor, or, as it is under the common law, a misprision of felony, and giving to the informer a large portion of the fine collected. It is also suggested that the State Board or local Boards of Health establish a rule requiring physicians to report, in connection with the mortality returns, all cases coming to their notice, where miscarriages or abortions, voluntary or involuntary, are indicated, with provision for the investigation of cases of an uncertain or suspicious character.

Thus with increased severity of punishment, with a mandate to the law-abiding, a promise of gain to the mercenary, and with an invariable rule, a moral compulsion of all reputable physicians to give information which will lead indirectly toward the punishment of the guilty, we may reasonably consider ourselves as having taken the first and most difficult step in the suppression of a crime beastly, horrible, and murderous ; we may congratulate ourselves upon having made a forward movement in our crusade against the infamous Moslems who defile the holy shrine of Motherhood.

But whatever be our action in this matter, let us not forget that the crime is in our midst, and that, as strugglers for the moral as well as physical advancement of our species, it is our duty to suppress, stamp out, and utterly destroy it wherever found. A letter or verbal statement of facts addressed by any reputable physician to the proper prosecuting authorities will generally result in an investigation and prosecution, and persons so giving information need not be subjected to any unpleasant degree of prominence. A general or organized movement in this direction would undoubtedly result in numerous prosecutions, and in a short time drive the unworthy practitioners and charlatans from the State. In their absence, few cases could be concealed, and we might reasonably hope eventually to make the practice uncommon, if not utterly unknown.

**DIPHTHERIA.**

By WM. STEINRAUF, M.D.

**T**HERE have been quite a number of cases of this terrifying scourge in our city during the past two months, and the deaths therefrom have been equally large. In many of these cases the diphtheritic exudation was accompanied with what is known as scarlet rash, or German measles. I will state right here that the use of the high potencies has given the best results in these cases; one or two doses of the indicated remedy was generally, I might say always, all-sufficient.

Nasal types of a severe form, such as we had them, were well met by bromium, lac caninum, lycopodium, and sulphur. Most cases required lachesis or lycopodium. In the croupous forms bromium or lac caninum, and in the hæmorrhagic types lachesis or sulphur.

No swabs, no gargles, no external means of any kind were employed, and the results were all that could be desired.

When the last and gravest complication arises, viz., no reaction, constantly and steadily sinking, cold and clammy skin, cold sweat and stupor, then we gave sulphur at once. These cases invariably die unless a dose or two of sulphur is interposed.

Is there a prophylactic against diphtheria? For the last three years I have used diphtherin C M (Swan), and in every epidemic since that time I have given this remedy to my patients, two or three doses a week. With what results, do you ask? So far I have never had a case of diphtheria where this was given as a preventative.

ST. CHARLES, MO.

**VERY PECULIAR HOMŒOPATHY IN KANSAS.**

By HARRY CROSKEY, M.D.

**L**AURA B. moved here from Salem, Ohio, one year ago last November. About one month before leaving Salem she caught cold which was followed by cystitis, was treated but derived no benefit. She tried thoroughly the effect of change of climate, for she did not call a physician till March. A doctor treated her here till August 1, when I was asked if I would not meet him in consultation. Refusing to so meet him, he was discharged; and I took the case the following day. Then I learned the above, with the following additional history: impossible to hold the water longer than half an hour when awake; during the night could sleep from one to two hours; difficulty in passing urine; when passing would burn like fire, only a few drops passing each time; in twenty-four hours not over six to eight ounces passing. In this I found blood clots, patches of mucus, and a thick mucous sediment.

yellowish in color. Temperature 104°, pulse 120, and soft. Thirsty, restless. Stool irregular, heat and chill alternating. Spleen enlarged. Lip and nostrils dry ; pale, yellowish skin. Mouth of urethra swollen, blue circle with bright red streaks radiating in all directions. Bladder contracted to about the size of an egg, thick, crackly, as if it was half dry. Just at the mouth of bladder I fet a small lump, about the size of two coffee-grains. The examination caused so much pain that I was compelled to stop. I asked what had been done for her. The reply was "What has not been done? They [meaning this last doctor and his brother] even injected pure acid in the bladder?" [Sulphuric acid.] "Are you sure?" "Yes, there is the bottle." "Now, Doctor, how are my prostatic glands?" "Prostatic glands?" "Why, yes?" "You have not got any." "Not got any, why the doctor said that they were as large as his fist." "Are you sure?" Nurse and Miss B. in unison: "He said so repeatedly. He said I had inflammation of the bladder, complicated with prostatic enlargement." I looked to see if she was half man, but I decided she was altogether a woman. I gave her arsenic, and kept her on it for two weeks. Slight improvement in general health, with days comparatively free from pain and fever. I chloroformed her, dilated urethra, till I could introduce my finger, then introduced finger into vagina, and between the two, found the lump had grown to about the size of a chestnut. Speculum revealed the color to be the same as mouth of urethra, but looked raw. The result of dilatation was to increase the urine. Second dilatation caused paralysis of bladder, urine flowed of its own accord since. I watched the growth of that tumor, examined the tissue from it with microscope; decided that it was cancer four weeks ago. It is now one and a half inch long, three-fourths of an inch in width, and one and one-fourth inch deep, directly across the vagina; it has partially closed the urethra. The arsenic has been continued from time to time, sac-lac. between. At no time has there been any improvement in the cancer. It is the only remedy that I could see indicated. In a couple of months at least she will die.

Why do I write an account of this case at the present time? The answer is: "To give a few more of these doctors, and the colleges that graduate such men, a 'roasting.'" Just think of it! This doctor has a diploma from a homœopathic school. If the faculty of that college could look in upon the doings of such doctors would they not be ashamed to have their names on the diploma?

Who is for homœopathy as taught by Hahnemann? Twenty per cent., only, of our so-called homœopathic doctors are homœopaths. I think that number too large. I do not believe we have 1500 out of 12,000 doctors that follow the law of the single remedy. Among my patients who come to me from the extremes of the United States, and

that have employed homœopathic doctors, Dr. Bell of Boston is the only one, so far as I have found, that does not alternate.\*

At our State meeting, held here in May, 1888, the question of alternating arose. *All acknowledged doing it*; upon the strength of this I had added to our yearly work a bureau entitled "Organic Law of Homœopathy." There is only one man in the State of Kansas that never gave a remedy in alternation in his practice.

I am heartily ashamed of the company I am in. I became a homœopath against my will. I cannot change, for I am convinced there is no other Law of Cure. Can we not get professors to teach Homœopathy as taught by Hahnemann? (We can add to his teaching, but not one thought or symptom of that master-mind can be altered to-day.) Can we not require a higher standard for those graduating? Can we not avoid those colleges that fail to teach the organic law? Cannot some means be devised to separate, or at least for us to distinguish, the true from the false?

I feel deeply upon the subject. In a State requiring no license and no fitness, it is possible for any fool to practice. But when I see cases weekly taken out on the hill, that I know could have been saved by proper treatment, I am moved to ask from the bottom of my heart, cannot some means be devised to rid the State of these incompetents, and instruct our colleges to look well and again to whom they give diplomas?

WICHITA, KANSAS.

---

### ACONITE.

By B. F. UNDERWOOD, M.D.

**I**N material doses—from one-tenth to one-half minim—aconite is a cardiac depressant, lowering arterial action and reducing the temperature. Its use is indicated in these diseases of the heart where the chief indication is to diminish its action. In simple hypertrophy, Fleming says, pain and increased action of the heart, it is preferable to digitalis; its action is more purely sedative and more uniform. In rheumatism of the heart and affections of the fibrous portions of the pericardium. In over-action of the heart where there is no valvular lesion. When obstruction exists which prevents the heart from transmitting the necessary quantity of blood by the usual number of pulsations, and is forced to make up for such inadequacy by more frequent forcible contractions, its use is highly injurious. Rheumatism of the heart or rheumatic endocarditis, violent palpitation, dyspnœa, sense of suffocation,

---

\* Our brother must surely be in error. Can it be conceivable that so few treat homœopathically? Is it not rather explainable that only these unhomœopathically treated ones need to leave their homes to seek health elsewhere; while the homœopathically treated ones recover and do not leave home?—ED.

anxiety, irregularity and intermission of the beat and rheumatic pain with swelling of the joints.

**Endocarditis.** Fever, high temperature, acute pain with swelling of the joints, great restlessness and anxiety, fear of death. Small, hard pulse which does not always accord with the action of the heart, the heart beating twice as often as the pulse.

Endocarditis with pericarditis, stasis of the lungs. Hyperæmia of the heart preceding endocarditis. All diseases of the heart characterized by increased action, especially where the left side is chiefly involved. Concentric hypertrophy, when the area of dullness is not large; the beats of the heart are short, hard and forcible, showing great power, but small aptitude of contraction; the pulse is small, hard and incompressible, the mind is anxious, and there is great restlessness of body and mind.

In dilution aconite is a nerve stimulant, increasing the nervous force by direct action upon the ganglia. The characteristic indications for its use are: numbness and tingling in the fingers, anxiety, excessive sensibility to the least touch, lancinating stitches about the heart. Attacks of intense pain extend from the heart down the left arm. Weak, irregular beats of the heart, pulse small, feeble and slow, and not synchronous with the beats of the heart.

The second stage of endocarditis when the patient is slowly sinking; the pulse is small and thready; the heart's impulse almost imperceptible, only a fluttering; the skin is cold and clammy, the patient is anxious and his intelligence is clear.

In pericarditis when the inflammatory stage has subsided and the beats of the heart become weaker, irregular, intermittent and unequal, and at the same time the pulse is with the beats of the heart; small, feeble and slower, and not synchronous to the beats of the heart. Symptoms peculiar to aconite and only in disease of the heart.

Spasms of the heart, suffocation sensation about the heart, or as if it had ceased to beat, excessive anxiety as if death were impending, coldness of the extremities, collapse of the pulse, deathly pallor of the face. Shortness of breath when sleeping or rising up.

Pulse frequent, soft and weak, the beat being sometimes so feeble as to be almost imperceptible. Pulse feeble and regular, or feeble and intermittent after every second stroke. Pulse small and rapid, 100 to 140. Pulse scarcely perceptible. Heart's action almost imperceptible. Sensation as if all the blood in the veins were frozen. Pulse almost imperceptible, intermittent and irregular, two or three beats followed by an intermission.

Feeling of heaviness about the heart. Hughes recommends the sixth for chronic affections of the heart, with constant pressure in the left side of the chest, difficult breathing from violent exercise and going up-



stairs, with stitches in the region of the heart, oppressive congestion of the head, fainting fits, and aggravation in the fall and spring. Palpitation of the heart, in young, plethoric, sensitive persons, especially of sedentary habits. Intermittent and irregular pulse. Three radial beats to one impulse of the apex, contractions of left ventricle still being synchronous with pulse. Right auricle in constant convulsive state, its action quick, irregular, and disproportionate. Oppressive aching in the region of the heart. Lancinations in the region of the heart. Sensation in the region of the heart as if a heavy body were lying in its place.

BROOKLYN, N. Y.

---

---

### CASES TREATED WITH OXYGEN BY INHALATION.\*

BY B. H'B. SLEGT, A.M., M.D.,

Secy. New Jersey State Med. Soc., Newark, N. J.

THAT the use of oxygen in the treatment of pulmonary and other diseases is steadily increasing, is apparent to all who read and observe. Unfortunately for the medical profession, there are many who do neither. More grudgingly than for any other purpose do they spend money for books, and never attending a medical club or society, the angles of conceit and arrogance become excrescences which so deform them that after a time no one cares to invite their opinions, lest they become bored "with the exuberance of their verbosity." This by the way.

Last winter the writer treated several cases of pneumonia with Walton's Oxygen Compound, preferring it because it is a compound and not pure oxygen, believing that too near an approach to the latter is injurious, just as it is injurious to breathe the air of a furnace rather than the warm summer breeze.

CASE I.—Fred., aged nine, red-headed, an only son, "spoiled," for any other purpose than deviltry—already a mean, cowardly little urchin. After worrying his mother by staying out in the rain, slush, and raw cold of a February day he came in and could not get warm; had a long chill. After a hot bath was put to bed and dosed with castor oil and "sich" for two days, during which he set his mother at defiance, and, with coryza, angina herpetica, laryngitis, cough, and severe pains in chest, got out of bed and kicked off the bedclothes, and tried to kill himself generally. I found him after this time with high fever, beginning prostration, very rapid breathing, 50 to 60, and pulse 130 to 145; dullness over lower lobes of both lungs, and all the other symptoms of pneumonia.

Neither my visits, my commands, my entreaties, nor my potencies

---

\* Read before the New Jersey State Med. Soc.

did him much good, and after a few days his paroxysms of cough began to leave him exhausted, blue and perspiring, while his pulse, etc., got alarmingly worse. I then procured the oxygen, and after forcing the scamp to submit to its use, and] personally superintending its administration, one day at hour intervals until he was "resigned" (rather what the Romans call "pacified"), I left the mother to attend to him. All his symptoms improved rapidly, and he soon slept for 30 to 60 minutes at a time, and after his mother had resuscitated him from a "sinking spell" of great severity, one night, by its use, she looked upon the cylinder with friendly eyes, and the boy thereafter made a slow but complete recovery. The other cases were not so fortunate, however.

CASE II.—Mrs. M——. Tall, slender, brunette, mother of two children, and aged thirty-six. She had a severe long chill, followed by double pneumonia, after exposure, while sweating, to strong drafts in a fireless house. She had high fever at once ( $105^{\circ}$ ), and on third day delirium, amounting to mania. Prior to this day she took the oxygen readily, but thereafter fought it until it was taken away. The Destroyer took her while she was raving and almost a maniac. Medicine was refused and force was required to keep her in bed; the cold pack did her more good than anything else.

CASE III.—Mrs. S——, aged seventy-one, stooped with years and infirmity, having been phthisical for thirty years, during which she had reduced coughing to a fine art, her son said (and certainly she would expectorate when it seemed to all others impossible). Pneumonia attacked the left side, lower lobe. Chill twenty-four hours before I saw her. She made a good fight for recovery, and oxygen inhalations certainly prolonged her days and made recovery seem possible for a time, but a weak heart finally ceased its throbbings, and her willing soul took its flight, ending a noble, useful and blessed life!

CASE IV.—Was not pneumonia but apoplexy, a case pronounced a "bilious attack," by the "regular," who was hastily summoned, and who, finding her limp, unconscious, staring with dilated pupils at nothingness, gave her several doses of an emetic, causing her to vomit and purge because, forsooth, she had been vomiting before he got to her. His was a species of *similia* for a fact. The oxygen was used in this case to good effect, plainly, as far as keeping her alive went, but she did not recover consciousness, and so could not tell what had become of her will, some jewelry, her bank books, and considerable cash. It was quite a story.

A few weeks ago I prescribed the compound for a lady of thirty-two, who a year ago had a hæmorrhage, and whose brother died two years before from phthisis. Since her hæmorrhage she had had some cough, which of late has become worse. The usual signs of incipient phthisis

were found, and the respirations were uniformly above forty-five—standing.

Ten days after beginning the use of the oxygen her respirations were 32 to 36, and the pulse had fallen correspondingly from 90 to 82; chest expansion had increased half an inch. She could go upstairs with less fatigue, and seemed better in general. Four months later she is still improving, thinks she is well.

---

In reading over the above cases I cannot but think they afford rather poor encouragement to any who may inquire into the use of oxygen, but in every case its use gave good results, except the second—results apparent to patients, friends, and physician, and apparently it saved the life of one of the three, which *at least* justifies its use in all.

Oxygen may not fulfill all the predictions of Priestly and Lavoisier, but so active and essential an agent must certainly have more and greater uses than have yet been discovered for it. Its exact field of usefulness will only be determined after extended trial.

---

## CORRESPONDENCE.

PHILADELPHIA, *January 18, 1890.*

*Editor AMERICAN HOMŒOPATHIST :*

In your January issue appears a transcript of the resolution adopted by the American Institute of Homœopathy at its last meeting, to provide a rule for the guidance of the Institute Committees in making up the lists of "homœopathic journals" for publication in the Transactions; the resolution having been offered by Dr. Dillow as a substitute for a resolution on the same subject offered the preceding year by Dr. Dake, and adopted. In speaking editorially of this transcribed resolution, you say :

"This was not exactly what Dr. Dillow proposed—it being as it appears above, a curious mixture of Dr. Dake's 1888 resolution and Dr. Dillow's 1889 resolution, which were supposed to be antagonistic—but thus it appears in the Transactions of the American Institute of Homœopathy for 1889, pp. 88 and 800."

I understand the above language to mean that the resolution which "Dr. Dillow proposed" (and which was certainly adopted without amendment or alteration), was afterwards made into "a curious mixture" with Dr. Dake's resolution of the previous year, and the mixture printed in the Transactions as Dr. Dillow's resolution; and that therefore the resolution as it stands on the published record is "not exactly what Dr. Dillow proposed," and presumably not what the Institute adopted. This interpretation of your language is corroborated by your remark on page 46, that "Dr. Dillow proposes but the grand secretary disposes," and by the following paragraph on the same page :

"Don't be lulled into the security of believing that the action of the

Institute on a resolution is final. There is a higher court from which there is no appeal: to wit, the Publication Committee."

Plainly, then, you accuse the Publication Committee, and especially the general secretary, of having mutilated, and published in a garbled form, a resolution offered in a session of the Institute and formally adopted. What the basis of your accusation may be, I cannot even guess.

My answer to the charge is brief and directly to the point. I have in my possession the original draft of the resolution, written in pencil, in what I believe to be Dr. Dillow's own handwriting, and *which was handed to me at the meeting by Dr. Dillow himself*. I have just compared, with this manuscript, the resolution as it appears in the Transactions, and find it a true copy. Whatever "mixing" was done occurred before the resolution passed from Dr. Dillow's hands into mine. And Dr. Dillow himself has not, so far as I am aware, accused me of tampering with his resolution.

You are greatly mistaken in supposing that the two resolutions were "antagonistic." That of 1889 supplements its predecessor, but does not antagonize its provisions. I shall be happy to transmit the manuscript resolution to any one desiring to see it, and expect to show it to you at Waukesha, next June.

You also seem disposed to find fault because, in publishing the Report of the Committee of Medical Literature, "Secretary Dudley leaves us (the journal) all out." Well, if the secretary had no right to alter the resolution of Dr. Dillow, what authority had he to add to the report of the Committee on Medical Literature? If the report was not in full conformity with the requirements of the Institute rule, and the Institute chose, nevertheless, to accept the report, it was certainly not within the province of the Publishing Committee to repair its deficiencies.

Please publish this letter as a measure of simple justice to the Publication Committee, and to

Yours truly,

PEMBERTON DUDLEY,

Gen. Secretary, A. I. H.

## BOOK REVIEWS.

**OBSTETRIC SYNOPSIS.** By JOHN S. STEWART, M.D., Demonstrator of Obstetrics, and Chief Assistant in the Gynæcological Clinic of the Medico-Chirurgical College of Philadelphia. Illustrated. Phila.: F. A. Davis, Publisher. 1888. 188 pages. Price \$1.

This little handbook is one of the Physicians and Students' Ready Reference Series, and is, as its title implies, a synopsis of the Obstetric Art, bringing its tersely stated information up to a very recent date. It is divided into six general divisions, Anatomy, Physiology, Pregnancy, Labor, the Puerperal State, and Obstetric Operations; and each division into five chapters. The work is in succinct form, suited as a *vade mecum* for the busy practitioner, as well as a fair text-book for the undergraduate. The author very candidly admits that he does not aim to have his book take the place of the larger volumes on this specialty, but hopes that it will serve as a stepping-stone to the more ex-

haustive tomes. For "brushing-up" obstetrical data at short range—only a few moments in which to do it, or in circumstances where a large book could not be used, this small book is a gold mine. The section on Labor is especially fine. In such readings as we have been able to give it, we have failed yet to find the first doubtful or objectionable feature. It is fairly free of old-school physic, and can safely be recommended to our students and "boys."

**THE PHYSICIAN HIMSELF AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS.** By D. W. CATHELL, M.D., Balto. The Ninth Edition, revised and enlarged. Phila. and London: F. A. Davis, Publisher. 1889.

We would suggest to Dr. Cathell that with all his wealth of language and ideas, and the success which this meritorious book is meeting, he would do a gentlemanly act to omit the word "irregular," when speaking of rival schools of medicine. It is a little thing to be courteous, but it pays. If Dr. Cathell was writing a book entitled *The Allopathic Physician Himself*, etc., his unpleasant references to other schools would be received as a self-evident fact; but he presumably speaks of a *PHYSICIAN*, and should not descend to the littleness of calling names. This is our only objection to the book. We have read it attentively, have received many valuable lessons, and are happy in the knowledge that the profession of *MEDICINE* possesses so gifted and far-seeing a writer as Dr. Cathell. He has without a doubt dissected the subject in the minutest detail, and he must be learned indeed who can even cursorily look through the book and not find food for reflection. The trend of thought is original, the language vigorous and without circumlocution, and the whole work from first to closing page is replete with valuable information. The publishers have added to the intrinsic value of the work by presenting it in good type, on fine paper, and handsomely as well as substantially bound.

**KEY-NOTES OF MEDICAL PRACTICE.** By CHARLES GATCHELL, M.D., formerly Professor of the Theory and Practice of Medicine, University of Michigan; Attending Physician to Cook County Hospital; Author of "How to Feed the Sick," "Treatment of Cholera," "Haschisch," etc. Pocket Book. Flexible leather. 217 pages. Fourth edition, revised and enlarged. Gross & Delbridge. Chicago. \$2.

While at Minnetonka we were handed this book by the representative of Gross & Delbridge, and were at once charmed by its peculiar fitness for quick reference. It does not profess to be a *vade mecum* of the entire circle of medical science, but it is unquestionably a most valuable and useful pocket-book at the bedside and elsewhere. It is like and yet unlike Johnson's *Therapeutic Key*. It is designed for the same purpose, but Gatchell enters domain that Johnson does not touch, and handles it in a sensible, brief fashion which makes its principal charm. The rules in Obstetrics are especially fine and practical. The Therapeutic treatment is rather after the school of Hughes, Dake, et al., though it nowhere transgresses gentility by introducing slurs on the symptomatic and high potency treatment. In fact we remember to have found recommendations of the latter quite frequently. We admire the work very much, and cheerfully recommend it.

**A TEXT-BOOK OF ANIMAL PHYSIOLOGY**, with Introductory Chapters on General Biology and a Full Treatment of Reproduction. For Students of Human and Comparative (Veterinary) Medicine and of General Biology. By **WESLEY MILLS, M.A., M.D., L.R.C.P. (Eng.)**, Prof. of Physiology in McGill University, and the Veterinary College, Montreal. With over 500 Illustrations. New York : D. S. Appleton & Co. 1889.

A most wonderfully interesting book whether we read it simply for information, or study it for better light on the subject. Physiology of itself, as ordinarily taught, is a perfunctory, matter-of-fact affair, usually beginning with Digestion and ending with the Circulation. But placing human physiology side by side with animal physiology, and tracing out the similarities and variances, makes the subject one of entrancing interest. Dr. Mills possesses in an eminent degree the faculty of presenting his topic in a pleasant and attractive form. This book may be taken at any point, and but a moment is required to pick up the thread before one is deeply interested in the theme. The illustrations are good and well done. In especial is this true both in pencil and pen of the Ovular System, the Vascular System, the Heart, Digestion, and the Respiratory System. To speak specifically of each of its separate heads would exceed the compass of a review article ; besides requiring a careful page-for-page reading of the book, which has not been given to it. But we have given many hours to the tracing out of some to us heretofore deeply shrouded questions and have laid down the book feeling enlightened and pleased. This is especially true of The Origin of the Forms of Life, Reproduction, The Development of the Embryo Itself, and Man Considered Physiologically at the Different Periods of His Existence. We therefore take pleasure in recommending the book to whomever is desirous of relieving the tedium of the ordinary textbook physiology, and at the same time add to his knowledge of comparative physiology.

**DIPHTHERIA : its Nature and Treatment**, by **C. E. BILLINGTON, M.D.**, and **INTUBATION IN CROUP**, and other Acute and Chronic Forms of Stenosis of the Larynx, by **JOSEPH O'DWYER, M.D.** Octavo, 326 pages. Price, muslin, \$2.50. New York : William Wood & Company.

With the proximity of the editorial sanctum to an epidemic invasion of diphtheria, it goes almost without saying that this eminent work on this disease was hailed with joy. Its description, history, etiology, pathology, and symptoms are graphically presented and seemingly exhaust the topic. The colored plate is lifelike and consequently easily recognized by the practitioner who has had to deal with this dread scourge. So realistic has been to us the description that at times it seemed almost possible to detect the frightful foetus which announces the invasion. Diphtheritic paralysis is ably handled, as are also diagnosis, prognosis, and prophylaxis. (Has any one had any experience with the burning of coffee as a disinfectant and prophylaxis in these cases ?) With the treatment we do not meddle, as we believe and know that homœopathy will save more cases than allopathy. Dr. O'Dwyer's addenda on Intubation in Croup is in the main familiar to the profession and needs no further words from us.

**ATLAS OF VENEREAL AND SKIN DISEASES.** Comprising original illustrations and selections from the Plates of Prof. M. Kaposi, of Vienna; Mr. J. Hutchinson, of London; Prof. J. Neumann, of Vienna; Profs. A. Fournier and Hardy; and Drs. Ricord, Cullirrier, and Vidal, of Paris; Prof. Leloir, of Lille; Dr. Unna, of Hamburg; Dr. Silva Arango, of Rio Janeiro; Dr. P. A. Morrow, of New York; Dr. E. L. Keyes, of New York; Dr. A. R. Robinson, of New York; Dr. J. Nevins Hyde, of Chicago; Dr. Henry G. Piffard, of New York, and others. With original text, by PRINCE A. MORROW, A.M., M.D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology, in the University of the City of New York, Surgeon to Charity Hospital, etc. New York: William Wood & Co. 1889.

The concluding fasciculi of this beautiful work have been on our table for some time, and its excellences thoroughly understood and appreciated. As we have formerly remarked, this Atlas is especially valuable to the general practitioner who has no opportunity, and possibly no decided inclination, to make a venereal specialist of himself—with all the odium which that term carries among the public; as well also with the practitioner remote from the larger centers of civilization [ought it not rather to be written syphilization] where such diseases are more prone to be met with. In these in particular these lithoed pictures of the most loathsome forms of human affliction are especially valuable, because of the rapid comparison that may be made between the isolated case which may come to him, and the pictured representation, and the gathering in at a glance of the true nature of the disease. To the specialist the Atlas is without price; it is a treasure. We esteem it a wondrous bit of enterprise on the part of the publishers—who never do anything by halves—and we can but trust that the venture has proven as successful financially as it has been artistically and medically. The reasonable price of \$2 per fasciculus ought to make for it a quick and wide sale. Although as homœopaths we do not make use of the treatment advocated, we still find its letter-press so uniformly fine, that we can, without a moment's hesitation, recommend the entire work to our profession, and to be to its faults blind and to its virtues very kind. Wm. Wood & Co. have given the medical profession many beautiful works from the pen and brush, but we question whether anything they have ever published has surpassed or even equaled MORROW'S ATLAS OF VENEREAL AND SKIN DISEASES.

**THE THIRTEENTH ANNUAL REPORT OF THE HOMŒOPATHIC HOSPITAL, WARD'S ISLAND, N.Y., FOR THE YEAR ENDING DECEMBER 31, 1889.** By THOMAS M. STRONG, M.D., Chief of Staff.—This report made to the President and Commissioners of Public Charities and Corrections makes a very creditable showing, accounting for the treatment of 3969 patients with a mortality of 6.70 per cent. Considering how dry a topic a hospital report necessarily is, Dr. Strong has made his thirteenth annual interesting reading. He displays a pleasing facility in the construction of tables that require many weary days in the preparation. The report is thorough, making mention of everything done in this institution during the year, the concluding statement being an explicit résumé. Dr. Strong's recommendations are in the line of practical suggestions, and ought to be given heed.

## GLOBULES.

—We are indebted to Dr. Paine of Albany, N. Y., for reports of N. Y. State Hom. Society's recent meetings. So we are also for former courtesies of a similar nature.

—As a general rule, a throbbing headache, with tenderness and soreness of the scalp, can best be relieved by hot applications; whereas, where the head feels full and "bursting," if cold be applied to the head and the heat to the neck and spine, the effect is most agreeable.—*Times and Register*.

—The officers for 1890 of the Brooklyn Homœopathic Society are: President, Edward Chapin. Vice-president, W. W. Blackman. Secretary, H. D. Schenck. Treasurer, A. G. Warner. Necrologist, E. Hasbrouck. Censors, E. J. Whitney, C. L. Bonnell, H. M. Lewis, H. Willis, H. M. Smith.

—The original imported Hoff's Malt Extract, Tarrant's, is the only Malt that ever received an award of merit in Germany. It received the bronze medal at the Hamburg Exhibition last year and was awarded the first order of merit (a silver medal), at Melbourne, Australia. As there are imitations, to prevent substitution specify "Tarrant's" when prescribing Hoff's Malt.

—INJURIES FROM TELEPHONE USE.—In another patient, a young lady employed in a large establishment which carried on most of its correspondence by telephone, the hearing rapidly deteriorated, but was at the same time painful, while the ear became the seat of drummings and noises of various sorts. Rest from her occupation gave prompt relief from all of these.—*Med. Age*.

—CHLOROFORM ADVOCATED.—The time is fast approaching when it will be as unusual to attend a case of obstetrics without anæsthetics, as it is to-day to amputate a leg without an anæsthetic. Possibly the tenor of this paper may not meet with the approval of all, but it is strictly in accord with the practice and teaching of most of the eminent obstetricians of America, England, France and Germany.—M. B. SMITH, M.D.

—The *Veteran's Advocate* (Concord, N. H.) of Oct. 16, 1889, contains a five-column descriptive sketch of our good friend Dr. George B. Peck of Providence, R. I. The *Advocate* shows him to be entitled to his Grand Army button by reason of a number of bullet wounds received in the service. We congratulate our brother on his checkered but eminently useful career, and hope he will fill out the remainder of his life in equally meritorious ways.

—DEATH FROM NICOTINE.—A case of excessive cigar smoking, followed by death, is given by Dr. B. W. Richardson in *Asclepiad* for May. A man, aged 35 years, of slight build, much worried by the cares of business, indulged in smoking almost continuously for twenty-four hours, and taking nothing but a little brandy and water. Within a period of twelve hours he smoked fourteen large strong cigars and forty cigarettes. Now, then, gentleman of the tobacco-heart fad, and ye other nicotophobists, here is a large-sized opportunity for administering a much-needed lecture on the evils of nicotia.



—**OLIVE OIL FOR GALL STONES.**—Olive oil is one of the popular domestic remedies for gall stones. Patients sometimes take it in doses of eight to ten fluid ounces and claim that it causes them to pass large numbers of gall stones.

The *New York Medical Journal* points out that these bodies are simply masses of stearine from the oil, and that the doctor has "gall" who claims that they are calculi.

—**DEATH FROM ELECTRICITY.**—A very important question has been raised as to the certainty of death following electrical accidents. In New York a dog which was pronounced dead by an expert is said to have recovered during the following night, after having been placed for some hours in the earth. In this case the current was so powerful that the wire had burned an inch into the dog's flesh. In case of accidents by electricity it is well not to give up efforts at resuscitation too soon.—*The Times & Reporter.*

—The Star Vaginal Recurrent Syringe, made by the Star Rubber Co., Lafayette, Ind., has proven to be a most useful instrument in several recent cases of obstetrics. The weight of the water falling from a height thoroughly cleanses the vaginal passage, and the soiled water is quickly gathered up and carried off by a little mechanism in the rubber bulb, so that with a little caution, from beginning to end, not a drop of liquid escapes on the clothing, but is all carried into the vessel.

—**TREATMENT OF FRACTURED PATELLA BY WIRING THE FRAGMENTS.**—Dr. Ceci, at the Surgical Congress of Bologna, reported eleven cases in which he had treated fractures of the patella by subcutaneous wiring with buried sutures. The patients were for the most part between fifty and seventy-eight years of age. In nearly all the cases the fracture was simple and transverse, but in one there was comminution of the lower fragment, and in another, a man aged sixty-nine, the bone had been broken a second time two months after the first accident. Dr. Ceci uses silver sutures. All the cases had done well, hæmatoma and non-infective arthritis having occurred only once.—*Brit. Med. Jour.*

—**DR. BROWN-SÉQUARD'S HYPODERMIC FLUID.**—The extraordinary statements made by Professor Brown-Séquard as to the efficiency of hypodermic injections of fluid expressed from the testicles of young animals in senile debility have been, to a certain extent, confirmed by M. Variot, who made a communication to the Société de Biologie on June 29. The patients chosen were debilitated men, aged fifty-four, fifty-six, and sixty-eight years respectively, and they were not informed of the nature of the treatment adopted. In all three cases the injections were followed by general nervous excitement, increased muscular power, and stimulation and regulation of digestion. M. Brown-Séquard said that M. Variot's observations disposed of the objection that the results he had observed in himself were due to "suggestion."—*Am. Pract. & News.*

—**BRAIN SURGERY.**—Dr. Edmond Souchon, of New Orleans, has demonstrated by experiments on dogs a useful and, as it seems, a safe method of exploration of the brain for the purpose of locating pus cavities. To obviate the necessity of removing a large button of bone,

as is usually done, by means of the ordinary trephine, he employs a watchmaker's drill, which makes an opening just large enough to admit a needle with a calibre about twice the size of an ordinary hypodermic syringe. This method permits one to make several tentative punctures with the infliction of comparatively little injury. In his experiments he made use of dogs, in which he found that four such operations of trephining and puncture, in a single animal, were unattended by noticeable effects. After the results of the first operations were obliterated the animals were kept at rest for two weeks, when the same operations were repeated, with similar results—no remote effects whatever being witnessed.—*The Journal (Chicago)*.

—APPLES OF GOLD IN PICTURES OF SILVER.—From our esteemed cotemporary, the *California Homœopath*, we learn that the tincture of cypripedium is a specific for rhus poisoning, given in one to three drops every hour, often curing in a few hours ;

That *antipyrin*, one-fifth of a grain every three hours after feeling of engorgement has set in, is Dr. Hale's remedy for arresting secretion of milk and preventing pathological engorgement. Diet should not be too low, so as not to check other functional processes, unless the patient is very robust. He rarely gives more than three or four doses ;

• And that Dr. McMichel, of New York, recently tabulated 112 cases of pneumonia in children which he had treated with tincture of iodine without a single death. Fifteen to twenty drops of the tincture were dissolved in half a glass of water, and a tablespoonful of the solution was given every fifteen minutes until the temperature fell to the normal.

Pretty good practice, but not very homeopathic.—*The Medical World*.

—THE LATE DR. M. M. EATON.—WHEREAS, in the progress of human events our friend and co-laborer, Dr. M. M. Eaton, has been called upon to pay the last great debt we owe to nature ;

*Resolved*, That in his demise the profession has lost a faithful and painstaking member and the community a skillful and devoted benefactor.

*Resolved*, That whilst we regret his death in the years of fullest manhood, when a life's work should yield its fullest fruition, we bow to the inevitable, and recognize the workings of the inscrutable.

*Resolved*, That in this hour of their affliction, the family of our friend be tendered our sympathy, and that these resolutions be printed as a tribute to his memory, and sent to the profession through the medium of the journalistic press.

FACULTY OF PULTE MEDICAL COLLEGE.

CINCINNATI, O., October 25, 1889.

• —THE CODE AND CONSCIENCE.—For the consultation question is the people's question. The people do not know how and why remedies act, but they have a remedy against infringement of their sacred right, which is, that no fine-spun point in medical casuistry shall imperil a single human life. They apply the golden rule, and are touched by the parable of the good Samaritan. The spectacle of men, educated under the law, standing equal in professional rights and the community's regard, refusing to help each other in a calling where human life and suffering is concerned, is a biting commentary upon the humanity of view and Christian feeling of the medical profession. The woman in childbirth, the man with the bleeding artery, the consumptive who must decide upon

a change of climate, the many conditions of the sick where drugs do not enter into the question of consultation, effectively dispose of the claim that consultation with even the most devout Hahnemannian must necessarily be fruitless, and refusal based upon such a claim is recognized as duplicity without reasoning by process of dilemma. And when wholesale imputations upon honor and honesty are indulged in, it matters not with what circumlocution, who has not the penetration to divine that baseness is prone to impute baseness, and that cowardice skulks behind a code which it has made the lord and master of conscience? "By their fruits ye shall know then," is a standard text for lay judgment; and who that is wise will seek to whip the laity into servility to the "profession," because laymen act upon the principle that "when that which is perfect is come, then that which is in part shall be done away."—*North Am. Jour. Hom.*

---

### OH-DON'T-LOGY.

DON'T ride in an open carriage or near the window of a car after exercise of any kind.

DON'T permit your patient to anticipate loss of sexual power because of division of a stricture.

DON'T drink new milk if you are of a constipated habit except with the addition of a little salt.

DON'T forget that cimicifuga nearly always cures a sleeplessness that is accompanied by melancholy.

DON'T laugh at la grippe if you haven't had it. It will take the merriment out of you quick enough.

DON'T allow any child who has had scarlet fever to attend school until four weeks after the disappearance of the eruption.

DON'T use a full strength of anæsthesia in obstetrics unless for capital operation. Make use of equal parts cologne water and chloroform.

DON'T permit your pregnant patient to indulge in alcoholic drinks. The use and abuse of alcohol produces well-marked chronic ovaritis.

DON'T let your convalescent get out of bed for the first time on Sunday, lest the succeeding Sunday be her funeral, so say the "wise women."

DON'T let young children sleep in bed with tuberculous patients. Neither suffer tuberculously disposed individuals to frequent localities inhabited by phthisical patients.

DON'T overlook the simple fact that the safest and most pleasant remedy for hæmatemesis is water drunk as hot as it can be borne, in quantities of half a tumblerful to a tumblerful.

DON'T let it escape you that canker rash, scarlet rash, and scarlatina are the same as scarlet fever, and the same precaution must be used. Severe forms of scarlet fever may be caught from mild cases.

# REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

BY EDWARD R. SNADER, M.D.,

*Lecturer on Physical Diagnosis at Hahnemann Medical College, Phila., Penn.*

## HOW TO USE THE REPERTORY.

THE symptoms have not been repertorialized in alphabetical order. The prominent symptoms are grouped so as to form contrasts and comparisons as nearly as possible. The particular symptoms stand out boldly, and can easily be found. When the symptom looked for has been turned to, the list of remedies following are arranged alphabetically, and you will, under the head of the remedy, find the complete symptom unrepertorialized. An index will conclude the work and will be of considerable service. Referring to it, the searcher will find the several divisions of the subject. It must be remembered that only the symptoms under the "Lung" rubric have been repertorialized.

## Cough.

- ACONITE.—Blood comes up with an easy hawking, hemming or slight cough. Stitches about the chest ; cannot lie on the right side ; only on the back ; dry, hacking cough. (Pleurisy).
- ALOE SOC.—Congestion to chest ; dry cough ; bloody expectoration.
- ARNICA MONT.—Chest sore when coughing, sputum blood-streaked ; cannot raise the loosened mucus. Stitches in the chest (left side), worse from a dry cough ; worse from motion ; from external injuries.
- ARSENICUM ALB.—Stitching pain in the sternum, from below up, when coughing.
- ASAFETIDA.—Pressure and burning under the sternum, often with cough.
- BARYTA CARB.—Sensation of soreness in the chest, when coughing.
- BERBERIS.—Stitches in the chest, increased by deep inspiration, with short cough.
- BORAX VEN.—Stitches in the chest when yawning, coughing or breathing deeply. Stitches in right side of the chest in the region of the nipple, with every paroxysm of cough.
- BRYONIA ALB.—Stitches in the sternum on coughing ; was obliged to hold the chest with the hand. Stitching pain in the region of the diaphragm, worse from motion or cough
- CACTUS GRAND.—Hæmoptysis, with marked arterial excitement (but less fever and restlessness than Aconite) ; convulsive cough.
- CARBO VEG.—Hæmoptysis, burning in chest, paroxysms of violent cough, hoarse ; face pale ; skin cold ; slow, intermittent pulse ; wants to be fanned.
- DROSERA ROT.—Severe stitches in the chest, when coughing or sneezing, must press with the hands on the chest for relief.
- DULCAMARA.—Tuberculosis in scrofulous subjects ; also worse in changes from warm to cold ; sputa tough, green, cough moderate ; stitches here and there in the chest ; diarrhœa. Mucus on the chest, must cough long before raising it ; suffocative catarrh. Hæmoptysis, bright red, tickling in larynx ; worse at rest ; caused by a cold or a protracted loose cough.
- GRAPHITES.—Pain in the middle of the chest, with cough, scraping, rawness and soreness.
- HAMAMELIS VIRG.—Hæmoptysis, tickling cough, with taste of blood or of sulphur ; dull, frontal headache ; tightness of the chest ; cannot lie down because of difficult breathing from congestion ; fullness in the head ; mind calm,

- HYOSCYAMUS NIG.**—Pneumonia, cerebral symptoms ; delirium, sopor ; dry, fatiguing night cough, or rattling in chest.
- IPECACUANHA.**—Rattling of large bubbles ; fever, but face rather pale ; cough and gagging. Frequent hacking with expectoration of blood-streaked mucus. Fine rattling in the chest, spasmodic cough ; nausea ; œdema pulmonum.
- KALI CARB.**—Pleurisy, stitches in the left chest, with violent palpitation ; dry cough, worse 3 A.M.
- LACHNANTES TINC.**—Severe pain in the chest with cough, delirium, circumscribed red cheeks, fever worse 1 to 2 A.M. Typhoid pneumonia.
- MEPHITIS.**—Pain in chest (last left short rib) when touching it ; more when coughing and sneezing.
- NATRUM CARB.**—Burning, soreness in right chest ; loose cough but no sputum ; coldness between scapulæ.
- NITRIC ACID.**—Lungs attacked, rattling breathing, loose cough ; sputum brown, bloody ; pulse irregular (typhus).
- PHOSPHORIC ACID.**—Loud rattling and whistling in the chest, with but little cough. Weak feeling in the chest, from talking, coughing, or sitting too long ; relieved by walking.
- PHYTOLACCA.**—Aching pains in chest and side with cough. Pain through mid-sternum, with cough.
- PSORINUM.**—Pain in right side, worse from motion, laughing, coughing, with sweat.
- PULSATILLA.**—Sticking in chest, worse from deep breath, or coughing.
- RHUS TOXICODENDRON.**—Pneumonia: with typhoid symptoms, often from re-absorption of pus ; also with tearing cough and restlessness, because quiet makes pain and dyspnœa worse.
- SABADILLA.**—Stitches in side of chest, especially when inspiring or coughing.
- SANGUINARIA CAN.**—Breath and sputa smell badly, even to the patient ; belches before and after cough ; after cough heat, then gaping ; circumscribed red cheeks ; diarrhœa ; night sweats ; pain in legs.
- SECALE CORN.**—Pain over nearly all of front of chest, worse from coughing and motion.
- SEPIA.**—Stitch in left side of chest and scapula, when breathing or coughing.
- SQUILLA.**—Stitches : in chest, especially when inhaling and coughing ; in sides of chest. (Pleurisy.)
- STANNUM.**—Phthisis mucosa, with the characteristic cough, weakness and sputa ; profuse sweats.
- STAPHISAGRIA.**—Soreness and rawness in chest, especially when coughing.
- STICTA PULM.**—Oppression of chest and feeling of a hard mass there ; hard, racking cough, excited by inspiration.
- STRAMONIUM.**—Pain in breast, cough and other peri-pneumonic symptoms during recovery from meningitis.
- SULPHUR.**—Pain as if chest would fly to pieces, when coughing or drawing a deep breath.

#### CHARACTER OF COUGH.

- DRY.**—Aconite, Aloe, Arnica, Berberis, Hyoscyamus, Kali carb.
- LOOSE.**—Dulcamara, Natrum carb., Nitric acid.  
but no sputum—Natrium carb.
- SLIGHT.**—Aconite.
- SHORT.**—Berberis.
- MODERATE.**—Dulcamara.

HEMMING.—Aconite.  
 TICKLING.—Hamamelis.  
 HACKING.—Aconite, Ipecacuanha.  
 FATIGUING.—Hyoscyamus.  
 HARD.—Sticta pulm.  
 VIOLENT.—Garbo veg.  
 CONVULSIVE.—Cactus grand.  
 SPASMODIC.—Ipecacuanha.  
 SEARING.—Rhus tox.  
 RACKING.—Sticta pulm.

EXPECTORATION OF BLOOD.

COUGH—

With blood-spitting—Aconite.  
 With bloody expectoration—Aloe.  
 With blood-streaked mucus—Arnica, Ipecacuanha.

CONCOMITANT PAINS AND SENSATIONS.

COUGH—

With severe pain in chest—Lachnantes.  
 With aching pains in chest and sides—Phytolacca.  
 With soreness and rawness in chest—Staphisagria.  
 With pain in middle of chest—Graphites.  
 With pain through mid-sternum—Phytolacca.  
 With soreness when coughing—Asafœtida.  
 With sore chest when coughing—Arnica.  
 With pain as if chest would fly to pieces—Sulphur.  
 With stitches about chest—Aconite, Borax, Drosera, Squilla.  
     Or sneezing—Squilla.  
 With stitches in side of chest—Sabadilla.  
 With stitches in left side of chest—Arnica.  
 With stitches in left side of chest and scapula—Sepia.  
     Or breathing—Sepia.  
 With stitches in the right side of the chest in the region of the nipple—Borax.  
 With stitches in sternum—Æscrucium, Bryonia, Drosera.  
     Must hold hand to chest—Bryonia.  
 With stitches in region of diaphragm—Bryonia.  
 With congestion to chest—Aloe.  
 With pressure and burning under sternum—Asafœtida.  
 With inability to raise loosened mucus—Arnica.

PECULIAR SYMPTOMS.

Belching before and after cough—Sanguinaria Can.  
 After cough heat, then gaping—Sanguinaria Can.  
 Cough, with pain as if the chest would fly to pieces—Sulphur.

AGGRAVATIONS.

WORSE AT NIGHT.—Hyoscyamus, Kali carb.  
 WORSE 3 A.M.—Kali carb.  
 WORSE FROM INSPIRATION.—Sticta pulmonaria.

AMELIORATION.

BETTER LYING ON BACK.—Aconite.

**Expectoration.**

AILANTUS GLAND.—Sensation of fullness and smothering before expectorating.  
 ALŒ SOC.—Congestion to chest ; dry cough ; bloody expectoration.  
 ANTIMONIUM TART.—Chest seems full of phlegm, without ability to expectorate it.

- ARNICA MONT.**—Chest sore when coughing, sputum blood-streaked ; cannot raise the loosened mucus.
- ARSENICUM ALB.**—Gangrene of the lungs, with green, ichorous sputa.
- AURUM MET.**—Persistent dry catarrh on the chest, early in the morning, on waking ; with great difficulty he raises a little phlegm, and this only after rising from bed.
- BELLADONNA.**—Noise and rattling in the bronchial tubes.
- CACTUS GRAND.**—Continual rattling of mucus ; oppressed breathing ; cannot lie in a horizontal position ; attacks of anxiety and suffocation.
- CALCAREA OST.**—Oppression of the chest, as if too full. Much mucus in chest.
- CAMPHORA.**—Mucus in the air passages.
- CARBO VEG.**—Burning under sternum ; rattling of large bubbles ; dyspnoea ; cold knees in bed. Bronchial catarrh ; hoarse, mucous rales ; chest and ribs feel as if bruised.
- CAUSTICUM.**—Rattling in the chest.
- CEPA.**—Chest laden with mucus.
- CINCHONA.**—Loud, coarse rales ; great debility, anæmia ; œdema of legs.
- DULCAMARA.**—Bronchitis ; offensive smelling night sweats. Tuberculosis in scrofulous subjects ; also worse in changes from warm to cold ; sputa tough, green ; cough moderate ; stitches here and there in the chest ; diarrhoea. Rheumatic pleuritis and pleuropneumonia, with tough, difficult, discolored sputa. Mucous on the chest, must cough long before raising it ; suffocative catarrh. Hæmoptysis, bright red ; tickling in larynx ; worse at rest ; caused by cold or protracted loose cough.
- GUAJACUM.**—Intense pain upper part of chest, from motion of head ; expectoration of fœtid pus.
- HEPAR SULPH.**—Tenacious mucus in the chest.
- HYDRASTIS CAN.**—Bronchitis of old, exhausted people ; thick, yellow, tenacious, stringy sputa.
- HYOSCYAMUS NIG.**—Exhausted from long talking, body and especially chest weak ; green sputum ; weak pulse. Pneumonia, cerebral symptoms, delirium, sopor ; dry, fatiguing night cough, or rattling in chest.
- ILLICIUM ANIS.**—Tough, viscous phlegm, with old drunkards.
- IPECACUANHA.**—Rattling of large bubbles ; fever, but face rather pale ; cough and gagging. Frequent hacking, with expectoration of blood-streaked mucus.
- KALI CARB.**—Pressure in middle of chest, with gulping of watery phlegm ; stricture of œsophagus. Phthisis ; acts on lower part of right lung ; faint spells ; sputum contains pus globules, blood and albumen. Infantile pneumonia, much rattling, both sides ; during resolution.
- KALI JOD.**—Phthisis pituitosa, with purulent sputum ; exhausting night sweats and loose stools. Œdema pulmonum, with pneumonia ; or secondary to Morbus Brightii ; sputum like soapsuds, green.
- LYCOPODIUM.**—Catarrh on the chest of infants ; rattling on chest, which seems full of mucus. Pneumonia, with raising of mouthful of mucus at a time, of a light rust color, stringy and easily separated. Neglected pneumonia, especially with continuing hepatization and purulent sputum. Typhoid pneumonia. Paralysis of lungs.
- MANCINELLA.**—Rattling in the left chest.

- NATRUM CARB.**—Burning, soreness in right chest, loose cough but no sputum ; coldness between scapulæ.
- NITRIC ACID.**—Lungs attacked, rattling breathing, loose cough ; sputum brown, bloody ; pulse irregular (Typhus).
- OPIUM.**—Blood thick, frothy, mixed with mucus ; great oppression ; burning about heart, tremor, feeble voice ; anxious sleep, with starts ; legs cold, chest hot ; especially for drunkards.
- PHOSPHORUS.**—Pneumonia. Capillary bronchitis. Pulmonary œdema.
- PHOSPHORIC ACID.**—Loud rattling and whistling in the chest, with but little cough.
- PLUMBUM.**—Copious muco-serous or purulent expectoration.
- PODOPHYLLUM.**—Catarrh of chest during dentition.
- PULSATILLA.**—Obstinate bronchial catarrh.
- SANGUINARIA CAN.**—Burning in chest, also stitching ; he lies on the back ; sputum is tough, rust-colored and difficult ; pulse quick and small ; face and limbs cold, or hands and feet burning hot, and cheeks circumscribed red and burning, worse in afternoon ; extreme dyspnœa. (Pneumonia.) Breath and sputa smell badly, even to the patient.
- STANNUM.**—Hæmoptysis, with tendency to copious expectoration. Phthisis mucosa, with the characteristic cough, weakness and sputa ; profuse sweats.
- TEREBINTHINA.**—Unbearable burning and tightness across chest, with great dryness of mucous membranes, or profuse expectoration.
- VERATRUM ALB.**—Constant rattling of mucus, but cannot expectorate ; sticky sweat about head ; weak ; frequent, irregular pulse ; bronchitis of the aged. Capillary bronchitis. Acute bronchial catarrh, in the emphysematous. Rattling in lungs, fear of suffocation ; frothy, serous sputa ; blue face ; œdema of lungs.

#### CHARACTER OF EXPECTORATION.

- BLOOD.**—Kali Carb.
- BLOODY.**—Aloe, Nitric acid.
- BLOOD-STREAKED.**—Arnica, Ipecacuanha.
- LIGHT RUST-COLORED.**—Lycopodium.
- RUST-COLORED.**—Sanguinaria Can.
- DISCOLORED.**—Dulcamara.
- GREEN.**—Arsenicum, Dulcamara, Hyoscyamus, Kali jod.
- BROWN.**—Nitric acid.
- YELLOW.**—Hydrastis.
- SOAPSUDS (like).**—Kali jod.
- ICHOROUS.**—Arsenicum.
- FÆTID.**—Guajacum.
- BAD-SMELLING.**—Sanguinaria Can.
- PURULENT.**—Kali jod., Lycopodium, Plumbum.
- WATERY.**—Kali carb.
- SEROUS.**—Veratrum alb.
- MUCO-SEROUS.**—Plumbum.
- FROTHY.**—Opium, Veratrum alb.
- MIXED WITH MUCUS.**—Opium (blood).
- VISCOUS.**—Illicium anis.
- EASILY SEPARATED.**—Lycopodium.
- TENACIOUS.**—Hepar sulph., Hydrastis.
- STRINGY.**—Hydrastis, Lycopodium.
- TOUGH.**—Dulcamara, Illicium anis., Sanguinaria Can.
- THICK.**—Hydrastis.



**COPIOUS.**—Plumbum, Stannum, Terebinthina.  
 ——— or great dryness of mucus membranes—Terebinthina.  
**PHLEGM.**—Aurum met., Kali carb.  
**PUS GLOBULES.**—Kali carb.  
**ALBUMEN.**—Kali carb.

#### DIFFICULTY AND INABILITY TO EXPECTORATE.

**INABILITY TO EXPECTORATE.**—Antimonium tart., Arnica, Dulcamara.  
 ——— Veratrum alb.  
 ——— cannot raise loosened mucus—Arnica.  
**DIFFICULT EXPECTORATION.**—Aurum, Dulcamara, Hepar sulph., Sanguinaria Can.  
**STATES.**—In old drunkards—Illicium anis., Opium.  
**RALES.**—Carbo veg., Cinchona.  
 ——— hoarse mucus—Carbo veg.  
 ——— loud, coarse—Cinchona.  
**RATTLING IN BRONCHIAL TUBES.**—Antimonium tart., Belladonna, Cactus grand., Carbo veg., Causticum, Hyoscyamus, Ipecacuanha, Kali carb., Lycopodium, Nitric acid, Mancinella, Phosphoric Acid, Veratrum alb.  
 ——— of large bubbles—Carbo veg.  
 ——— in left chest—Mancinella.  
 ——— and whistling—Phosphoric acid.  
**MUCUS IN CHEST.**—Calcarea carb., Camphor, Cepa, Dulcamara, Hepar sulph., Lycopodium.  
 ——— chest laden with mucus—Cepa.  
 ——— much mucus in chest—Calcarea carb.  
 ——— much mucus in air passages—Camphora.

#### CONCOMITANT SYMPTOMS.

With great dryness of the mucous membranes or copious expectoration—Terebinthina.  
 With coldness between the scapulæ—Natrium carb.  
 With attacks of anxiety and suffocation—Cactus grand.  
 With congestion of chest—Aloe.  
 With oppression of breathing—Cactus grand.  
 With oppression of chest, as if too full—Calcarea carb.  
 With burning under Sternum—Carbo veg.  
 With dyspnoea—Carbo veg., Sanguinaria Can.  
 With debility—China.  
 With anæmia—China.  
 With diarrhoea—Dulcamara.  
 With fever, but face rather pale—Ipecacuanha.  
 With exhausting night sweats and loose stools—Kali jod.  
 With raising of mouthfuls of mucus at a time, of a light rust-color—Lycopodium.

#### PECULIAR SYMPTOMS.

Loose cough, no sputum—Natrium carb.  
 With little cough—Phosphoric acid.  
 Breath and sputa smell badly, even to patient—Sanguinaria Can.

#### AGGRAVATIONS.

Worse changes of weather from warm to cold—Dulcamara.  
 Worse A.M.—Aurum.  
 Worse in horizontal position—Cactus grand.

#### AMELIORATION.

Better after rising—Aurum.

THE  
AMERICAN HOMŒOPATHIST.

VOL. XVI.

NEW YORK, MARCH 1, 1890.

No. 3.

FRANK KRAFT, M.D., EDITOR.

IN his "Coincidences in Professional Life" (a non-indexed paper in the current Transactions of the Homœopathic Medical Society of New York), Dr. W. S. Searle, of Brooklyn, gives several instances of peculiar though similar happenings in different parts of his work. He recites two injuries to noses on the same day; two injuries of the right eye; and a singular "scratchy" stool which repeated itself years afterward in another patient. Dr. Searle then reports a glass-breaking experience, similar to that found in the pages of the *Medical Advance* some years ago, Dr. Searle's glass-destroying medicine being merc. sol., while in the other cases it was phosphorus.

\* \*

IF we may be permitted to intrude a personal experience in the line of coincidences we beg to state the following: On visiting a seventeen-year-old boy quite recently our attention was in some not now remembered way attracted by the absence of his upper incisors. The boy explained that they had been broken out by a base-ball bat. The father then took up the conversation, saying that the loss of the front teeth was peculiar to his family. His mother had had hers knocked out by being violently thrown against a hitching-post. His brother was returning from a village singing-school late one dark night, and in cutting corners, came through an apple orchard. Here he became entangled in the low-hanging bough of a stout apple-tree, and in trying to extricate himself one of the limbs struck him across the mouth with such force that it broke his front teeth and he came nigh swallowing them. He remembered that one of his aunts had lost her front teeth from a blow from a baby's fist. His own incisors he had lost many years ago in a runaway, while peddling milk, where he was thrown on his teeth against the front wheel of his wagon. Of his six boys, four had lost their front teeth in various accidents. Was this a coincidence or a "Divinity which shapes our ends rough," etc.?

\* \*

BUT to return to coincidences and the New York Transactions. In the Discussion on page 284, we find the following:

"I have always thought that the administration of *calcareæ carb.* or *nux vomica* in case of gall stones is perfect nonsense. If I had renal colic and a physician should give me any of those remedies and did not give me a dose of morphine until that stone passed, I think I should give him a dose of lead as soon as I got up. It is a mechanical thing, this passing of gall stones, and you might as well try to set a broken arm with *calcareæ carb.*"

Now for the coincidence. In the *Clinical Reporter*, Jan. 1890 (and which was received about the same time with the *Transactions*), on page 8 there is chronicled:

"CALC. GARB. IN GALL-STONE COLIC.—Three months ago I was called to Mrs. G. thirty-five years of age. She was of a bilious temperament, quite slim, weighing about 140 pounds. She had suffered for over ten years from gall-stone colic, and the remedies of the old school had never given her any permanent relief. For some time, however, they, the *scientific gentlemen*, had given up in despair, and only gave her, as means of relief, an anæsthetic. She became desperate over her condition, and declared she would much prefer the great inevitable than to take any more of the strong medicine. Finally, another severe attack came upon her, and, under considerable skepticism, she concluded to try homœopathy, without expecting any relief. The attacks came on without any warning and very suddenly, as a cutting pain would set in under the right shoulder-blade, running from there to the right hypochondrium and epigastrium. Her pains were sometimes so violent and unbearable that she would throw herself upon the ground, emitting terrible cries and tearing her hair. The attacks lasted usually about fifteen minutes, and generally terminated by the vomiting of fluid bilious masses, containing sometimes compact. At the end of such an attack, when I was present, the patient had vomited up a mass of these concretions, having the circumference of a pea, and of very different forms. I gave a dose of the 30x every five minutes. After the third dose, the patient was very much improved. Thinking, perhaps, she had received an opiate, she said she had never taken anything which had helped her so quickly. She took the remedy three times daily, the attacks became less and less frequent and intense, finally disappearing entirely. No recurrence up to date."

\* \*

NOW, having thus dispassionately disposed of the coincident part, we are moved to ask: Which of these two quotations breathes the true homœopathic spirit? This case is by a medical man in Nebraska; the former "Discussion" is from a prominent and successful homœopathic practitioner of New York. Is the unsophisticated West and South to believe that Homœopathy in the East is represented by "forty-four pounds of castor-oil and twenty-one pounds of magnesia sulph.," as alleged to have been used by the house-staff at Ward's Island Hospital; or that it is typified in practitioners who are members of a Homœopathic County Medical Society, but who say, "No matter if I have recourse to allopathic remedies, I am a homœopathic physician as long as I am a member of this society"?

\* \*

EN *passant*, the Homœopathic County Medical Society's charge on the Ward's Island Homœopathic Hospital Board has not signally redounded to the advantage of homœopathy. It would be a difficult task for a homœopath to take sides in this issue. Evidently the Ward's Island people are strong in their position, because of the weakness of the attacking parties,—and they are pitifully weak, if the reports in the New York dailies are to be credited. Must the homœopathic serenity, peace and harmony be rent in twain by this *New York Medical Times* fight? With all due deference to the many fine homœopaths who are in membership with the County Society, we repeat that thus far every attack on the *Times* has fallen flat—an absolute failure. A strong effort was made to read it out of the Institute, with the result that this year all the journals were read out; and we are worse off than before. This last attempt of ousting the editors from the Board of the Ward's Island Hospital has resulted thus:

J. Montford Schley, M.D.:

SIR: I am directed to acknowledge the receipt of your communication of January 7, and to say, in reply, that this Board have decided that they will not interfere with

the present organization of the Medical Board of the Homœopathic Hospital on Ward's Island.

By order,

G. F. BRITTON,  
Secretary.

\* \* \*

TO return again to the coincident "head" of the editorial. Our esteemed friend and ex-colaborer in the journalistic vineyard, Dr. Pemberton Dudley, despite our asseverations privately made that no personal question was embodied in the editorial referring incidentally to a change in the Institute resolution, has seen best to make answer to and refutation of a charge which was not made. Therefore by way of coincidences we publish the resolution as offered by its author, Dr. Dillow, and as published in his journal, the *North American Journal of Homœopathy*, for July, 1889, page 494:

*Resolved*, That in making up the lists of existing journals illustrative of homœopathy by the Bureau of Organization, Registration and Statistics and the Committee on Medical Literature, all such shall be embraced who recognize the principle of similars as the dominating principle in the selection of drugs for the cure of the sick, and which also support the organization of homœopathy as a distinctive body in the medical profession; that no journal thus listed shall be stricken off without formal notice through the General Secretary to the Institute of the reason for any proposed omission from the list, and then not without due notice and opportunity for defense on the part of the journal under consideration, final action on the case being deferred until the succeeding annual meeting. But the name of any journal may be dropped from the list after failure to signify, before September 1st, 1889, its assent to the preceding conditions of its listing, and, if so assenting, after subsequent failure to make report to the Institute for three consecutive years.

The Institute Transactions published it thus :

*Resolved*, That in making up the list of existing journals illustrating homœopathy, by the Bureau of Organization, Registration, and Statistics, and the Committee on Medical Literature, all such shall be embraced as avow the principle of similars as the dominating principle for the selection of drugs in the cure of the sick, and which also support the organizations of homœopathy as a distinctive body in the medical profession; that no journal thus listed shall be stricken off without formal notice through the General Secretary to the Institute, of the reason for any proposed omission from the list, and then not without due notice and opportunity for defense on the part of the journal under consideration, final action on the case being deferred until the succeeding annual meeting. But the name of any journal may be dropped from the list before September, 1889, after failure to signify its assent to the preceding conditions of its listing, and, if assenting, after subsequent failure to make report to the Institute for three consecutive years.

\* \* \*

DR. Samuel A. Jones contributes a few trenchant remarks to the *N. Y. Med. Times* purporting to be a review of "That Handbook of Materia Medica." From this article we shall quote two or three paragraphs and comment thereon, not with any purpose of engaging in a wordy strife with Dr. Jones, nor yet to defend "That Handbook"; but with the view of holding up our own end of the line primarily :

"This disingenuously-expiatory Handbook has not been reviewed in any American homœopathic journal: it has had fulsome laudations from all of them—and this fact shows their 'true inwardness.' Not one of the editors of these journals is competent to review the work that he has praised. Not one of them all has access to the literature necessary to enable a review. The only possible manner available to them is to collate the Handbook with the Encyclopædia (and the abbreviations in the former make this

exceedingly difficult), and when a difference occurs in the Handbook they have no guarantee that a new error in it has not merely supplanted an old one in the Encyclopædia."

When "all of them"—the homœopathic journals—are charged with incompetency in matters pertaining directly to the line of their duties, by one solitary critic, the latter may be likened to that out-holding juror who had "niver sat wid elivin more obstinit min in all his loife." That the eleven may have been wrong and the twelfth man right goes without saying, as the majority is not necessarily infallible; but the twelfth man should have given some reason for the faith that was in him.

\* \*

THE reason which *our* twelfth man gives is embodied in this further extract :

"Well, this Handbook contains some 388 remedies, and we will assume that only 150 of them need such a textual collation. Aconite is by no means the longest of Prof. Allen's pathogeneses, but we will allow that each pathogenesis requires only two months for its textual collation. Thus  $150 \times 2 = 300$  months, and three hundred months is just TWENTY-FIVE years—and 'the preparation of this Handbook was commenced immediately *after* the completion of the Encyclopædia.' Turn now to Vol. X. of the Encyclopædia, find its date of publication, and draw your own conclusion !"

The mathematical opponent is always an uncomfortable antagonist. We have seen him, and not long since, chalk in hand, demonstrating, with the aid of two or three linear feet of ciphers, the amount of original drug contained in a 200th potency; now he appears before us in a new rôle, and we are not prepared for him; because "That Handbook" is published in less than a quarter of a century from its inception, it is not trustworthy, and for a like reason the reviews have been "fulsome laudations."

\* \*

LET Dr. Allen answer this grave charge if he can. But for the review part, we feel as though Dr. Jones was not quite right, as if he were hypercritical. Shall it be said that the reviewer of the Unabridged Dictionary, in order to do justice to the book and to his readers, must go back to the dawn of literature, nay, of language itself, and laboriously dig out the roots and trace the philological genealogy of each separate word down to the date of the issuance of the Dictionary? Must the chemist, who gives a certificate of purity for a certain brand of baking powder, also embody in such certificate that he has examined the entire output of the company, and that he has also gone back and reviewed and re-studied the atoms which entered into the ingredients which went to make up the powder? Have not certain things become acknowledged and established facts, and these from long usage become LAW, to go back of which no absolute necessity exists, save in rare and exceptional cases. We assume that the reviewer is not even required to read every page of a Dictionary or Encyclopædia as it is furnished him from the printers, in order to write a fair criticism of the book or books. A critic, we take it, is presumed to have some knowledge of what he is called upon to read, and his critique need not embody a text-book essay on the elementals and atoms. If he carefully reads Aconite, having in advance a knowledge of Aconite, and he finds the published Aconite to coincide with his knowledge, is he not justified when he so states? Or

is it needful that he purchase two or three hundred square feet of books containing the poisonings, original provings, day-books, clinical and hospital records of Aconite since the world began, and read up on his theme? In the hurly-burly of editorial work, as in many other things, a part must stand for the whole; a part taken at random, or by design, will be made to do duty for the residue. Otherwise the review columns of our journals and newspapers would be but rarely filled.

\* \*

AND finally :

"When it is proven that this Handbook is *reliable*—a core of solid truth—I shall be glad to see it adopted as the official text-book in every American homœopathic college."

This is not fair; it is really unfair. No law is more commonly quoted among the laity as well as legal men than that "a man is innocent until proven guilty." To assume that a book is valueless because it is issued in less than so and so many years is open to serious objections; but to demand that the book shall prove that it is "a core of solid truth" and *reliable*, is stating a proposition that would come with better grace from one of the descendants of Confucius, who are credited with doing things just the reverse of ourselves.

\* \*

AND speaking of That Handbook reminds us to say that the New York *Medical Times* permits one of its contributors, E. D. N., to indulge in a blunder, which the lynx-eyed editors ought to have discovered long before it went into type. This correspondent confounds the name of "Dr. Allen," the proposer of the homœopathy resolution in the Institute, with Dr. T. F. Allen, who had nothing whatever to do with it. Had E. D. N. been a homœopath, in touch with homœopathic matters, so palpable a blunder would not have been perpetrated. The editors, of course, are not responsible for the opinions of their contributors or correspondents; but that does not exempt them in matters of fact.

\* \*

THE paper contributed to this issue by Dr. H. M. Paine, of Albany, on Medical Legislation, etc., we commend to the careful attention of every reader of these pages; and, beyond that, to every homœopathic practitioner in the land. The work of this Committee on Legislation of the New York State Homœopathic Medical Society is co-extensive with homœopathic legislation everywhere. It is constantly on the alert for any, even the least promising, advantage to be gained for our practice; and as it is seemingly well supplied with means and literature its work is far reaching and thorough. The struggles of Dr. Lyon, a homœopathic practitioner of Alabama, ought to rouse a sympathetic and a financial chord in the breast of every homœopath everywhere. It is to men of this build that all advances in ideas are due. Instead of accepting quiet and reasonable ease and security in the practice of homœopathy in localities where it is recognized and accepted, Dr. Lyon chose to attack the citadel of the enemy and compel him to come to arms. The temporary victory, as Dr. Paine clearly points

out, is too technical to be safe, and it will require eternal vigilance on the part of our school to frustrate the evil design of the old school, not only in Alabama, but in other States where this relic of mediæval barbarism still obtains. Again we direct attention to Dr. Paine's praiseworthy paper, and ask that his suggestions, and those of his committee, be heeded and promptly responded to.

---

### THOUGHTS ON MEDICAL LEGISLATION, AS SUGGESTED BY THE RECENT DECISION OF THE SUPREME COURT OF ALABAMA.

By DR. H. M. PAINE.

THE discussion of the subject of medical licensure has recently received a new impetus by the outrageous conduct of "our friends the enemy" in Alabama.

It appears that the allopathic school has had complete control for a number of years of the examination and licensing of all physicians who desired to practice medicine in that State. Nearly all the old-school physicians in the State, more than seventeen hundred in number, have complied with the requirements of the law ; fifteen, however, refused to submit to an examination ; among them, two were homœopathic physicians, both graduates of homœopathic medical colleges, the trial of one of these, Dr. G. G. Lyon, being set down for the twenty-first of January.

An old-school physician, a Dr. Brooks, was at first convicted by the Circuit Court, but on an appeal to the Supreme Court was acquitted.

Dr. Brooks having been acquitted, in all probability the indictment against Dr. Lyon will be quashed, and neither he nor Dr. Meyers will, for the present at least, be hampered by the officious interference of illiberal allopathic physicians.

Notwithstanding this temporary suspension of allopathic antagonism, the cases of these two reputable homœopathic physicians, graduates of homœopathic medical colleges indorsed by the American Institute of Homœopathy, are invested with more than ordinary interest to the homœopathic medical profession throughout the whole country.

Their courageous resistance to allopathic oppression should receive our hearty approval, and their trials and hardships, endured in behalf of a common cause, should awaken on our part responsive sympathy, and, if need be, the bestowal of contributions sufficient to defray the expense incurred thereby.

In this instance these two young physicians are not by any means the *only* sufferers from allopathic intolerance and high-handed illiberality, wrought ostensibly under cover of justice, and in behalf of public interests.

The welfare of every homœopathic physician in the whole country

is jeopardized by this Alabama experience. Their failure will render more difficult attempts on our part in other States at checking allopathic aggression ; and their success will assist in establishing a precedent in support of the proposition, recognized since the foundation of this government, that each school and system in medicine, as in religion, shall have entire freedom in the exercise of the *civil* functions having relevancy to the management and maintainance of its own educational affairs.

For these reasons it is desirable to notice in connection with these cases two of the more important points.

One is, the fact that Dr. Brooks escaped on a mere technicality, viz., that the civil and penal codes were not " co-extensive " in their " provisions," a conflicting condition which was inadvertently introduced during a recent revision of the code, and one which unquestionably will be speedily amended.

The other important point to be noted is, that the *right of the State to control medical practice by county and State authority is most emphatically affirmed.*

Dr. Cochran, State health officer, as reported in the *Birmingham Age-Herald*, of December 28, 1889, states :

" The decision of the Supreme Court sustained the law all the way through, but construed away the penalty for its violation. It says, in effect, that Dr. Brooks has no right to practice medicine in Alabama on a mere diploma, and without a certificate from the regularly constituted examining board; that he is in violation of law, but that there is no penalty attached to such violation ; in short, that the law is all right, but there is no way to enforce it."

Judge Stone in his decision, as reported in the *Montgomery Advertiser* of December 17, 1889, expresses his opinion in the following forcible utterances :

" That the State, under its *police power*, clearly possesses the power to prohibit any person from practicing medicine without a license, or other test for ascertaining the qualifications and fitness of the applicant. That this power is supported by the same principle as that which justifies ' quarantine, compulsory vaccination, sanitary sewerage, and many forms of public nuisance.' It is a mere agency for protecting the public against the dangers of charlatanism or quackery in medicine; and

" That this power is lawfully lodged in the medical boards of the State, and it is no objection that the law goes into effect upon the contingency of medical county boards organized in the counties. Local option laws are made operative upon precisely the same principle."

The judge held, substantially, that while the civil code required compliance with a *single* provision, viz., a *license* from a county board, the penal code did not hold a physician liable if he had complied with either



one of *four* provisions,—viz., a license ; a diploma ; a certificate of qualifications ; or, being a regular graduate of a medical college in Alabama, his diploma being legally recorded. Dr. Brooks having obtained a diploma from a regular medical college in Georgia, and his diploma having been recorded by the judge of probate of Russell county, he “ had violated no law of the State which subjected him to a criminal prosecution,” hence, “ the judgment of the Circuit Court ” was “ reversed and the defendant discharged.”

The position of the leaders of the allopathic school having been greatly strengthened as to the most important provision of the law, viz., *the right to establish State medical licensure*, under its “ *police regulations*,” the adjustment of a penalty, more or less severe, will surely and quickly follow.

The homœopathic medical profession of this country are by this, the most recent decision bearing on this subject, brought *face to face with the fact* that the allopathic school is vigorously prosecuting the work of establishing *State medical licensure*, State by State, in this country, and that the decisions of the highest State courts sustain the principle underlying such action.

The vital question, therefore, for homœopathic physicians everywhere to determine, and decide with as little delay as possible, has relevancy as to whether the allopathic school shall *monopolize* the exercise of this civil privilege, as is now being done in Alabama, and a few other States, to the serious detriment of our school ; or whether, in this readjustment of medical affairs, precisely the same civil rights and privileges of medical licensure shall be extended to the representatives of the homœopathic school as are given to those of the allopathic.

We have not a moment to lose in dallying with questions as to whether this particular form of State supervision is wise, needed, or expedient. It is surely coming. It has been already established in several States. Its propriety and suitableness have already been sustained by decisions of the highest State courts.

Hence, the only alternative for our school is that of entering upon the work of procuring the passage of laws providing for State boards of examiners for *each* of the incorporated schools of medicine, and this work should be immediately inaugurated by the committees on medical legislation of each State homœopathic medical society.

Let the leaders of the homœopathic school in each State at once actively enter upon the work of securing provisions of law by which the examination and licensing of homœopathic students shall be *wholly conducted under homœopathic auspices*.

The American Institute, in 1887, 1888, and 1889, adopted resolutions indorsing such action in strong and forcible utterances, and similar

sentiments have been repeatedly adopted by large numbers of State and local homœopathic medical societies.

If, in any State, an effective organization cannot be maintained, on account of fewness of numbers of homœopathic practitioners, residing at widely separated localities, effort can and ought at once to be made, for securing homœopathic representatives thereof, *to have the same powers and privileges in the board over homœopathic applicants as the allopathic representatives have over allopathic applicants.*

An amendment providing for homœopathic membership in the allopathic board was carried through the legislatures of Delaware and Florida last winter. As a result, notices of meetings for examining homœopathic applicants for license are now published in these States.\*

Let other States, following in their lead, take the matter immediately in hand and push it to an early completion.

The reason why the homœopathic physicians of Alabama are now put to severe straits is simply because they have allowed the allopathic leaders to obtain complete legal control of the *civil right of licensure*. The people will extend this legal privilege to both schools alike, if asked to do so. The people most assuredly will extend to the different schools and divisions of the medical profession equal civil privileges, upon the same principles as they now confer upon each of the different religious organizations the right to license and ordain applicants for religious orders. In order to acquire the right to exercise this privilege, the homœopathic physicians of that State must apply for it, and make application with such force and persistence as to secure it.

All praise should be given to Drs. Lyon, Meyers, and Henry for the noble stand they have taken. If they are in need of funds for securing requisite counsel, homœopathic physicians in other States will unquestionably contribute pecuniary aid.

Circulars and arguments bearing on all points relating to this important subject, prepared by the committee on medical legislation by the New York State Homœopathic Medical Society, will be freely furnished by the chairman, Dr. H. M. Paine, of Albany.

Dr. Paine will be glad to obtain the names and addresses of the

---

\* NOTICE TO PHYSICIANS, Jacksonville, Florida, November 29, 1889.

"Office of the Board of Homœopathic Medical Examiners in and for the State of Florida.

"In accordance with an Act, entitled 'An Act to Regulate the Practice of Medicine,' etc., approved May 31, 1889, notice is hereby given that said board will meet in Jacksonville, December 30, at 10 A.M., and will remain in session two days, adjourning at 10 P.M., December 31, for the examination of physicians desiring certificates, who hold diplomas recognized by the American Institute of Homœopathy.

(Signed)

H. R. START, M.D., Pres.

T. J. WILLIAMSON, M.D.

C. W. JOHNSON, M.D., Sec."

members of the committees on medical legislation of all State and local homœopathic medical societies, in order that each may be supplied with copies of circulars stating at length the reasons for entering upon this work with alacrity and zeal. In case bills are introduced into any of the State legislatures by the allopathic school, providing for the appointment of a *single* board, it is very desirable that he should be informed thereof, and that one or more copies of the proposed bills shall be immediately mailed to him.

In a letter dated January 1, 1890, Dr. J. H. Henry, of Montgomery, Alabama, urges the immediate inauguration of measures for collecting a medical legislation fund of \$10,000, to be used in antagonizing the formation of *the gigantic monopoly* of medical licensure which the allopathic school is endeavoring to establish in this country. He generously offers to be one of one hundred to subscribe one hundred dollars ; or one of two hundred to subscribe fifty dollars ; or one of four hundred to subscribe twenty-five dollars to make up the proposed amount.

Dr. Henry, in giving reasons for providing such a fund, issues the following urgent appeal and timely warning :

"Such a fund will enable us to successfully antagonize the form of allopathic *medical censorship* whenever and wherever, in any State and Territory, its influence and power is attempted to be made effective. Unless we do this, allopathic antagonism, *by securing legal control of the right to license homœopathic students*, will surely destroy our beloved system ; and, as a distinct school, the homœopathic will be doomed to the low and uninfluential status that it now holds in all European countries where the allopathic school holds full legal supremacy. The time for windy speech-making and high-sounding resolutions is *past*. These will prove of little value in this actual contest involving the *life or death* of the homœopathic school of medicine ; for, if we fail in this final struggle for the *right to license our own graduates*, our students will refuse to study medicine under homœopathic auspices and will shun our medical colleges. We cannot expect our students to attempt to enter upon practice under the legal disabilities now existing in such States as Alabama, North Carolina, and Minnesota."

I will add, that such a fund can be made immediately serviceable. The money, as rapidly as collections are paid in, can be wisely and economically applied, partly for procuring suitable counsel, when needed, and mainly in the printing and distribution of suitable articles for publication in the press throughout the country, in order to call public attention to the subject, and to awaken public sentiment in support of our bills. Subscriptions forwarded to Dr. Paine will be promptly acknowledged.

The committee on legislation of the New York State Society has

obtained subscriptions, during the past year, of upwards of five hundred dollars to a medical legislation fund, in aid of the work in that State. It is exceedingly important that similar activity and zeal be promptly manifested by the profession throughout the whole country.

Since writing the foregoing I have noticed Dr. Lyon's statements in several homœopathic journals, to the effect that the recent decision of the Supreme Court has, temporarily at least, opened the door to the admission of homœopathic practitioners; a license from an allopathic county board being now unnecessary.

The temporary removal of this barrier may lead to larger accessions of homœopathic physicians, and it is to be hoped that it will; at the same time, the situation has its drawbacks, and always will so long as the allopathic school is the *only* one recognized by law.

The government will unquestionably recognize the homœopathic physicians in Alabama, as in all other States, as soon as they effect a legal organization. When this has been perfected a homœopathic licensing board can be secured, under which thralldom from allopathic surveillance will be effectually removed. Until this legal status is established all unlicensed physicians must abide the disabilities growing out of illegal practice.

ALBANY, N. Y.

---

## SOME THOUGHTS ON THE FIRST VOLUME OF THE CHRONIC DISEASES

### No. VI.

By S. LILIENTHAL, M.D.

**H**AHNEMANN is not easily satisfied, and he considered it levity to prescribe only from a mere repertory without studying out the totality in the *Materia Medica*. No physician ought to be contented with the general indications furnished by the repertories—he is a mere quack, changing his remedies every moment, and thus true homœopathy is injured.

This is partly true and partly overstrained. When Boeninghausen recommends his tripod with their concomitants, when Hahnemann himself teaches that the peculiar, uncommon symptoms, specific to the individuality of the case, deserve our first consideration, it cannot be called levity to look for them in a repertory; the only trouble is that we have not yet a perfect repertory, and we may well be satisfied if we ever get only an approximately good one. Here repertory work is the only thing to *begin* our study with, and Allen and the Guiding Symptoms follow. Hahnemann ought not to blame the repertories for the abuse which might be their lot in the hands of careless prescribers,

and still every physician in large practice is most apt to prescribe in acute diseases by intuition, *ex usu in morbis*, or call it by any other name, without desiring to be called guilty of quackery. Medical science and art has so far advanced nowadays, that no physician treats any more the name of the disease ; high allopathic authorities preach individualization and careful prescribing.

The third great mistake, says Hahnemann, is the too hasty repetition of the dose in the treatment of chronic diseases, or, in other words : let the medicine act as long as the improvement of the patient continues. The duration of the action of an antipsoric is generally proportionate to the chronic character of the disease, and *vice versa*, remedies which act for a considerable length of time in the healthy organism have the duration of their action diminished in proportion as the disease is acute and runs speedily through its course. Experience is the only arbiter in these matters.—Here we have the whole thing in a nutshell, and it is only a pity that experience differs according to the preconceived notions of the prescriber. Statistics and facts are never to be believed in their totality, or else we would not meet such a difference of opinion even in the camp of the purists in relation to the repetition of the dose.

From page 150 to 160 Hahnemann gives us an explanation of the action of his homœopathic remedies and the rules how to apply them. Unsatisfactory as this explanation is, most physicians claim the right of their own experience in the repetition of the remedy, and those physicians who by habit and experience use the higher and highest potencies cling most closely to the rules laid down by the Master, while those who depart more and more from his rules (there is no law about it) prefer potencies which the present microscope is still able to detect. Cases are proclaimed by men of undoubted veracity to have been made by highly dynamized potencies, and the millionth may by-and-by be declared to be only a low potency, but how does it come that Hahnemann made his masterly cures with the thirtieth, that Boeninghausen and Dunham were so successful with their two-hundredth potencies ; and that for a long time the five-hundredth and the thousandth at the utmost were declared the *ne plus ultra* of dynamization ? This question of the dose and its repetition cannot be answered *ex cathedra* ; it must be left to the tact and experience of the prescriber, but it ought never be made the battlefield which divides the disciples of Hahnemann. Only in unity is strength. Let us uphold one another in the spread, not in the defense, of Homœopathy, and let us agree to disagree on minor matters.

SAN FRANCISCO, CAL.

## PLEURO-PNEUMONIA.

By E. A. NEATBY, M.D.

MRS. L— had been confined about a fortnight when she sent for me on March 9, 1888. I am indebted to Mr. G—, who was previously in attendance, and who performed the unpleasant duty of resigning the case into my hands with extreme courtesy, for the information that the patient had pleurisy a week before. Her temperature had not been high, and the physical signs had disappeared.

March 9. 9:30 P.M.—My first notes state that the patient complained of acute shooting pain in the right chest just below the level of the breast, extending through to the scapula. The temperature was 101.6°, pulse 120, and respirations 28. There was a suspicion of a rub beneath the sixth and seventh ribs anteriorly. Bry. 3x two drops hourly. At 6 P.M. the temperature and pulse were as in the morning, and the respiration 30 per minute and fairly full. Less pain. Face flushed and dusky. If not better by 8 o'clock, to have bell. 30, three doses to one of bry. during the night.

10th. 9:30 A.M.—Took bell. and bry. as directed. Temperature 102°; pulse 120; respiration 38. The tongue is getting dry, respiration shallower, cough troublesome. Patient had an easier night, but has had sharp pain again lately. Lips bluish. Bryonia 30 every hour. *Evening.*—Lips seemed a little better color, but she has had severe pain, always made worse by moving, coughing, or deep breathing. At the right base there is dullness on percussion to the level of the lower angle of scapula, with tubular breathing, except at the extreme base, where the breath sounds are almost inaudible. There is no pleuritic rub. Breathing is very shallow, 40 per minute, and pulse 124. Temperature 103.6° F. Only to-night has the existence of pneumonia become clear. Phosphorus 50, two drops every two hours. Bellad. plaster for pain if required.

11th. *Morning.*—Tongue browner. Nurse reports no sleep all night; breathing very bad, coughed very little. Great pain in left side when trying to expectorate. Very thirsty; perspired much. Lies with knees drawn up. Head very painful—indeed it has been so throughout—and face still flushed, especially when pain in head is severe. Lips less blue. Temperature 102°; pulse 140; respirations 50. The eyes look strange and staring, and patient looks and seems unusually ill for a case of simple pleuro-pneumonia. The question arose in my mind, is there any septicæmic complication? The lochial discharge is very little, but is not offensive. There is very slight abdominal tenderness in left iliac region extending nearly to middle line—no abnormality on palpation. To take bry. 1x every hour.

*Evening.*—Nurse reports head still very painful and hot. Applica-

tion of ice relieves head and make pain in chest so much worse that it had to be discontinued. This has happened once before. On inquiring more fully as to patient's condition before I saw her, I learned that she had a fright about a week after her confinement; her boy got his fingers into a mangle. The lochia stopped suddenly for three days, and never returned as freely as before. Temperature  $101.8^{\circ}$ ; pulse 126; respiration 42. Patient still lies with knees drawn up; is thirsty; dreads the night. Tongue moist at edges, dry brown in middle. She lies with eyes half open. Although temperature, pulse, and respiration are slightly better as to numbers, patient seems weaker and going wrong. Take arsenic 30, every hour.

12th. *Morning*.—Had four and a half hours' sleep and much less pain. Says she "does not feel like the same to-day." Respiration 28, much fuller; pulse 108; temperature  $101^{\circ}$ . Coughs more easily; a little blood-stained sputum. Continue arsenic every two hours. Takes food better.

13th.—Much better every way; eyes brighter and more natural. Slept about six hours last night. Sharp pain on micturition.

14th.—When chest has been examined, dullness and feebleness of breath sounds have been the prominent signs. To-day patient has more in right side (right base), and has not slept so well.

15th.—To-day breath sounds are heard better anteriorly over upper edge of liver; a friction sound heard again here at end of inspiration. Breath sounds are returning at base, which is still dull, however. Crepitation at extreme base. The superficial structures are unusually sensitive; gentle contact of stethoscope causes pain, and there is pain in the muscles of the loins. Temperature  $99.2^{\circ}$ ; pulse 72. Respiration is quickened from sitting up, which also causes cough. Pain and stiffness of right shoulder; earache.

18th.—Since last note, has had much pain below left breast—neuralgic apparently. Still lies with knees up. Shoulder and cough troublesome. Headache and thirst.

March 22.—The fluid seems to have all become absorbed. The breath sounds are clearly audible down to extreme base, but are tubular. Dullness up to spine of scapula, and much increased voice sounds, also pectoriloquy. Tactile vocal fremitus doubtfully increased. Is now expectorating a lot of muco-pus, frothy and blood-stained. Had violent fit of coughing at 5 A.M.

Since last note patient has had more pain. She had been taking sulphur, but went back to arsenic on the 19th.

26th.—Some tenderness and distension of abdomen. A vaginal examination revealed only a tender spot in the posterior cul-de-sac, and slight diminution of the mobility of the uterus, due probably to its

size. The abdomen was too tender to admit of its being felt bimanually. Much dysuria lately, and occasionally inability to pass water.

31st.—No tubular respiration; no dullness or increased voice-sounds; very little pain in chest. Still some dysuria. Feels weak when she gets up; says the left leg is useless. Bowels are constipated.

April 3.—Left leg is dragged after her if she attempts to walk. Says there is no feeling in the leg. There is certainly considerable numbness, but nowhere complete anæsthesia.

On the left side the knee-jerk is decidedly exaggerated, and on the right less markedly so; on the right side foot-clonus is obtainable, but not on the left. No plantar reflex on either side. Patient can move legs about in bed.

12th.—Exaggerated knee-jerks and foot-clonus on both sides. Nevertheless, patient seems to be gaining strength. Can stand on both legs, but not on the left alone.

16th.—Walks much better; has had massage for a week or more. Left leg still drags a little. Slight dysuria and leucorrhœa. Chest quite well for some time.

*Remarks.*—There are a few points of interest in this case which have led me to detail it at some length, even at the risk of being tedious. Firstly, the nature of the complaint was not immediately apparent. The progress of the case made it tolerably evident that after the pleurisy, pneumonia set in, and that the pleurisy was accompanied with effusion, which at first masked the signs of pneumonia, but its disappearance allowed these signs to reappear. The onset of the pulmonary complications was not marked by any rigor, but by rise of temperature and by the characteristic disproportion between the pulse and the respiration. This proportion, as will be seen by the chart, lasted only two and one-half days.

Secondly, in the treatment the failure of bryonia to do good, although apparently well indicated, was conspicuous, although the pneumonia was very pronounced. Phosphorus also did not give the results expected of it. The usefulness of arsenic is worthy of note, and also the symptom which directed me to it: viz., aggravation of the pain in the chest by cold applications to the head. The suspicion of a septicæmic element in the case (which I am not even now convinced was groundless), of course, added weight to the suggestion of arsenic. It is well known that arsenic inflames both lung tissue and serous membranes, and the pleura not least severely. The symptoms recorded under arsenic in Hering's "Guiding Symptoms" strikingly corresponded with those of my patient, which I ascertained before giving the remedy. Whether the symptoms given in that work under heading Chest, etc., are pathogenetic or clinical (which is not stated),



they proved reliable in this case (as in many others) and signally useful.

Thirdly, the nervous phenomena, which formed the sequel to the pneumonia, suggested various queries to my mind. Were they due to simple inhibition of the higher cerebral centers which control the reflex function of the spinal cord? There is considerable evidence to show that exhausting diseases, if not simple prolonged rest in bed, can act in this manner. When house physician at the London Hospital in 1881, I demonstrated to my own satisfaction, and, I think, to that of my superior officer, that cases evidently free from organic disease of the spinal cord frequently present, after long confinement to bed, marked exaggeration of the deep reflexes. This has subsequently been recognized by neurologists of authority. Was there, on the other hand, some temporary congestion or some sub-inflammatory condition of the conducting elements (lateral columns)? If so, what was the cause of this condition of the cord? It is certainly not a common sequel of pneumonia. A third possibly is, I think, excluded as soon as suggested, viz., that of local intra-pelvic pressure due to some effusion. Effusions do not usually cause pressure symptoms, unless very pronounced, and the pressure is then local rather than general. Moreover, no parametritis or perimetritis was discovered.

Taking into consideration the urinary difficulty (dysuria and retention), and the constipation, which were not sufficiently dwelt upon in the notes, the second hypothesis appears the most probable. Full power of the left leg was not regained for several months.

---

## PRACTICAL TREATMENT OF DISEASES OF THE EYES AMONG CHILDREN.

Translated from the French,\*with Notes and Additions, by H. H. CRIPPEN, M.D.

(Continued from page 435, December, 1889.)

**D**IAGNOSIS OF THE MUSCLE OR MUSCLES AFFECTED BY PARALYSIS.—1. By the given symptom: *Diminution of mobility.* The means of diagnosis is most easy and can be promptly put into use; it is this with which we should always begin. It consists simply of closing successively the one and then the other eye, while making the eye remain at liberty follow the movement of the end of the finger in all directions. One will remark a stopping of the eye affected by paralysis when looking to a certain side; this eye will not be able to follow the excursive movements of its congener. This shows of itself that the paralyzed muscle will be clearly designated by this same want of excursive power. In paralysis of the rectus externus the eye will not be able to carry

itself outwards, in that of the superior rectus it will not be able to look upwards, etc.

2. By the given symptom: *Excess of the secondary deviation*. The phenomenon of the comparison of the secondary and of the primary deviations is equally utilizable for diagnosis, and one comprehends at once that the paralyzed muscle ought to be found on the side of the least deviation; but this research exposes to some errors, for the difference between the deviations is often little marked, and it is prudent not to trust to this procedure alone.

3. The same can be said of the third sign given: the *phenomenon of false projection*. In order to obtain this the unaffected eye should be closed and the patient made to quickly fix with the other eye a near object situated on the side of the paralysis. False projection will be produced, and point out in that way that there exists a paralysis of the muscle which turns the eye in that direction, but this can be produced likewise by an error due either to a fault of execution, or to a want of intelligence or of good-will on the part of the little patient. [In children this third symptom, that of inability to locate the exact situation of an object, may best be determined by covering the healthy eye and then asking the patient to quickly touch the surgeon's finger, while it is held a little distance from the child and on the side of the paralyzed muscle. The patient's finger will always pass to that side of the object which corresponds to the affected muscle.]

4. Otherwise, the last symptom to be sought, that of *diplopia*, is very positive; we can say that it is the scientific and clinical method *par excellence* of diagnosing all paralysis as to its nature and degree. In seeking for diplopia it is indispensable to protect from all the causes of error, which may obtain, either to a compensatory deviation of the head, or to neutralization of one of the retinal images. The head of the patient should then be very exactly maintained in rectitude, the eyes should be made to fix the flame of a candle, and one of the eyes should be covered by a colored glass. One comprehends at once that the diplopic patient should see two lights of different colors; if he sees only one, it is because he annuls one of the two images formed on the retinae. As a measure of precaution which is very important, one puts the colored glass before the eye that one thinks the better one. The tinted glass, in fact, diminishes to a certain degree the visual acuity, and one should take care not to augment what may be amblyopia in the affected eye, which would then be incapable of taking part in binocular vision. The little patient, then, placed thus before a lighted candle, and provided with a red glass for example, ought to see two lights, one red and one white. The respective situation of these images is sufficient to make a diagnosis of the muscle affected by paralysis. The formulas of

diplopia were recognized long ago ; they may be schematized in the following manner :

*When the axes of the ocular globes are directed in such a manner that they cross before the eyes, the images are not crossed ; the diplopia is called homogeneous or direct.*

For example, if the left eye is deviated inwards, turned to the right, the optical axes cross, the diplopia will be such that the lights are not crossed ; that is to say, that the left eye although turned to the right will see the image to its left side, the right eye seeing it on the right. We can understand the reason of this strange law when we know the place of its development. The retina possesses the habit of projecting in a certain direction images formed on a certain point of that membrane. Images perceived in the external segment of the retina, for example, are projected and seen toward the internal side, and inversely. It follows that the left eye, which we suppose falsely deviated inwardly, receives, in that situation, on the internal segment of its retina the rays which emanate from a point fixed by the other eye and which form an image in the macula, the physiological center of that eye. Consequently, received on the internal segment, this image is projected and seen on the external side, and the images are not crossed, although the axes of the two eyes appear crossed.] If this concerns a muscle situated in the vertical plane the same thing is true, but the diplopia will be produced in the vertical field instead of in the horizontal ; finally, if the ocular deviation is oblique, there will be diplopia both in the vertical and horizontal direction.

The second formula, which is only the complement of the first, is this : *when the axes of the ocular globes are not crossed, the images are crossed ; the diplopia is crossed.* Thus, by the examination of the diplopia, one can give a more exact statement of the deviation of the globe, than by direct objective examination of the two eyes. A crossed horizontal diplopia indicates a paralysis of the internal rectus with deviation outwards. But examination thus far only points out that there exists a horizontal, vertical, or oblique diplopia, and that this diplopia was connected with a morbid crossing, or its opposite, of the optical axes. It remains to determine, however, which eye is concerned in the deviation ; for this it is necessary to remember the following chief rule : *that the double images move away from one another when the light is carried in the direction of the paralyzed muscle, and on the contrary, that they approach when the light is carried in the opposite direction.* For example, in a paralysis of the left external rectus, there exists a deviation of the left eye inwards and a homonymous and horizontal diplopia. If one carries the light to the left, to the side of the paralyzed muscle, the diplopia is augmented ; it diminishes, on the contrary, and likewise finally disappears, if the light is carried toward

the median line and then toward the right. With these elements of diagnosis it is possible to know more of the recognition and analysis of all the symptoms of the various paralyses which can affect, separately or together, the extrinsic muscles of the ocular globe. We will simply give the enumeration of the various paralyses with the kind of diplopia that distinguishes them, and also the special attitude of the head ; these will be sufficient in certain cases to give the diagnosis without more ample examination.

SAN DIEGO, CAL.

(To be continued.)

---

---

### EPIDEMIC CATARRH.\*

By DR. MORRISON.

**T**REATMENT is preventive and remedial. Adopting measures to maintain the standard of health constitutes the former, and medical care the latter. As direct remedies I should select the following :

Aconite, 3x, in three-drop doses, for the early febrile stage, and a few half-grain doses of Aconitine 3x trituration, at half-hour to hour intervals, to induce perspiration and to lower a high fever temperature.

Arsenicum 3x, in three-drop doses, or in preference Arsen. iod. 3x every two or three hours during the catarrhal stage.

Camphor 1x tincture, or Menthol, for inhalation, in hot water, at the times of sneezing, during the incipient stage.

Gelsemium 2x tincture, in five-drop doses, when the sharp rheumatoid aching first commence, with a febrile temperature.

Iodine, 1x glycerine tincture, five drops in an inhaler, with one-drop doses, the 3x, or Potass. iod. 2x, internally for the throat complications.

Lycopodium, 12 to 30, tincture, in one to three-drop doses, for the later effects of pneumonia, when the cough results only in a small lump of mucus, is worse during the night, and does not wake the patient from sleep.

Mercurius sol., 3x trituration, in half-grain to three-grain doses, for the rheumatoid pains, especially without a fever temperature, and when hepatic and gastric symptoms are prominent.

Phosphorus 4x tincture, in drop doses, with glycerine, when the harsh cough comes on, and in congestion of the lungs ; and last, but not least,

Potassium iod. 2x tincture, in five to eight-drop doses, for the incipient catarrhal symptoms which affect the frontal sinuses, and especially with those who have a tendency to chronic colds.

---

\* From the *Homoeopathic World*.

## TRACHEOTOMY AND INTUBATION IN CROUP.

By HARRISON WILLIS, M.D.

I DO not propose to go into a lengthy description of the different kinds of croup. Probably no better terms can be used than true and false croup. True croup is included under the names of diphtheretic and membranous croup. Whether these are not one and the same disease is still an open question. In my opinion, whenever there is a membrane formed in the larynx it is diphtheria, and whenever there is a diphtheretic deposit to be seen in the pharynx we have positive evidence of it. False croup is rightly designated. There is no croup about it except its name, which means a hoarse voice. Unless it is accompanied with spasm of the glottis it is attended with little or no danger. All that is required is that the child be kept in a warm room and the symptoms will soon subside. The symptoms generally return the following night in a less degree, usually followed by a few days of bronchial cough. A case of this kind might, if neglected, be followed by bronchitis, but scarcely ever, I think, by true croup. Only the inexperienced can be mistaken in the differential diagnosis. Diphtheretic croup generally comes on gradually, unless there is a diphtheretic deposit to be seen, when it may extend to the glottis and larynx quite rapidly, that is, a few hours, but it never occurs with the suddenness of false croup, nor does it ever have the peculiar crowing sound of false croup, but is rather a suppressed cough, while the patient can scarcely make an articulate sound above a whisper. A very large proportion of the cases of true croup can be cured, if taken in time, by keeping the patient in a hot air-bath or temperature from 90 to 95 degrees, with the atmosphere saturated with steam. I have used this method for the last fifteen years and have cured dozens of cases without an operation. Of course I have endeavored to administer the proper remedies also, but I consider the saturated hot air the most important remedy. I have seen many cases where mercurial fumigations and large doses of bichloride of mercury and other drugs have been used, but have never seen any benefit from them. But still in a number of cases where calomel fumigations and allopathic doses of mercurios had been given before tracheotomy or intubation had been performed, the patients made recoveries without any indication of mercurial poisoning, so that I am inclined to think that in fumigation as it is ordinarily administered very little mercury is absorbed into the system. Tracheotomy or intubation is the last resort, and should not be performed if there is a probable chance of recovery without it; that is, we should watch a case and wait till we see a necessity for it. My habit is to put the patient in a steam saturated hot-air bath, and then,

if the epigastrium sink in and continues to very perceptibly during each inspiration for several hours, I consider the only hope is in an operation; but before leaving the patient for any length of time, for hours, I mean, if there is a reasonable doubt that the patient will get worse and become asphyxiated, we should operate immediately; in other words, if there is a reasonable doubt, operate. I can think of more than one case where the patient had died when I postponed an operation for a few hours. The operation in itself is not attended with much danger to the patient if properly performed. At one time I thought there was considerable danger of bronchitis from the sudden influx of dust-laden air to the lungs after tracheotomy, particularly as bronchial pneumonia seemed to be the usual cause of death. But in cases of intubation where there is no excess of air, and also in cases where the patient can get sufficient air without an operation, they often die in the same manner. Now in what cases should we not operate? In malignant diphtheria which is indicated by the cervical glands being much enlarged, or by nasal diphtheria, or when there is a marked hæmorrhagic tendency, indicated by nose bleeding, or bleeding from the gums or throat, tracheotomy is certainly contra-indicated, as the case is probably hopeless. Now comes the question, Does or will intubation take the place of tracheotomy? This is a question I am not fully prepared to answer, and probably the only true answer will be gained from the statistics of the two operations by a great number of operators. I am sorry that I am not able to give the exact statistics in regard to the operations that I have performed. Sixteen of these patients, I believe, are now living; of the three that have died one died from inflammation of the bowels two years ago after the operation, one from bronchitis a year after the operation, the other from an accident some months after the operation. Several of my unsuccessful cases lived from one to three weeks after the tube had been removed. All of these cases were for croup, with one exception, which was for growths in the larynx. That case was of considerable interest in more respects than one. In the first place it was the quickest operation I ever performed. The time from the commencement of the anæsthetizing to the completion of the operation was three and a half minutes. The tube remained in about two years before the growths were removed. That operation was performed by a New York specialist, who was unable to close the opening through which the tube had been inserted. The patient then came back to me, and, after two attempts, I was able to close the opening. The boy is now sixteen years old and in excellent health. As before mentioned, I am not able to state the number of my unsuccessful cases, but I will approximate them as well as possible. My first twelve cases were unsuccessful; several, as before stated, lived a week or two after the tube was removed, but finally died.

In looking backward upon my non-success in these cases I have come to the following conclusions: First, as I lost no cases on the operating table, I think I operated as well as I have since; then I undoubtedly operated upon many malignant cases and those where the operation was too long delayed, where now I would consider the case hopeless and refuse to operate. Then by the law of chance I was unlucky. I have since been luckier, but not enough to boast of. Since my first successful case, about twelve years ago, I have saved from one to three cases each year. As nearly as I can get at it, I have saved somewhere between 25 and 30 per cent. of all the cases I have operated upon. In intubation I have had seven cases, in which two have been saved.

---

---

### HOMŒOPATHY TRIUMPHANT.

By L. L. HELT, M.D.

WHEN the Hon. J. B. Foraker became Governor of Ohio he appointed a homœopathic medical staff at the Penitentiary. As they are about to give place to the appointees of the Governor-elect, the present is a favorable time to compare results between their management and that of their predecessors of the allopathic faith. If the following is an indication of the superiority of one school over another, homœopaths have reason to be proud of their brethren of the Penitentiary.

In 1885 Dr. C. R. Montgomery, allopath, was in charge.

His mortuary list for that year contains 39 names. Seven months of 1886 under the same *régime* has a death list of 18. The remaining five months of that year Dr. Clemmer, homœopath, was in charge, and but three were added to the gross mortality. In 1887, 1888, and 1889 there were 18, 19, and 20 deaths respectively—each of these years showing an increase in the prison population over the preceding year.

In his annual report for the year 1889 to the Board of Managers, Dr. Clemmer writes:

“From the mortuary list it is observed that there were 20 deaths, three from suicide, one by violence, and sixteen from natural causes. This is a low rate of mortality considering the character of the subjects, but it is made higher through an increased ratio of sickness and death among the United States prisoners as compared with the State prisoners. The Federal prisoners for the most part come from the warmer climates of the South and Southwest. It is noticeable that these men, including the Indian population, are prone to incur disease of the respiratory organs. A want of acclimatation coupled to the unfavorable conditions of prison life have caused an undue amount of sickness and death

among this class of unfortunates. In proportion to numbers there were more than six times the amount of sickness and death among the State prisoners. The gross population of State prisoners for the year is 2042, with nine deaths from disease, or  $\frac{4}{100}$  of one per cent. The gross population of United States prisoners is 253, with seven deaths, or 2.77 per cent.

"The death rate for the year is  $\frac{8.7}{100}$  in the thousand."

This low death rate is remarkable, particularly, when it is a fact that criminals are far below the general average in physique, and that they are rarely free from constitutional affections of a poisonous type. Their environments, more especially in old institutions like the Ohio Penitentiary, are not conducive to the maintenance of good health ; on the contrary they are apt to foster and produce certain classes of diseases.

A comparison of the death rates of twenty-five penal institutions in different parts of the Union, to impeach the claim advanced in the daily press of the State that the sanitary condition of the Penitentiary was so bad as to render it unfit for the habitation even of animals, revealed the fact that Ohio's was the least. This is another substantial testimony to the superiority of homœopathy. Another very strong argument in favor of our school is the fact that the expense of running the medical department averaged \$1300 a year less than when it was under allopathic.

Orificial surgery was introduced in the treatment of chronic affections. Sixty-seven cases were operated upon, satisfactory results following in all but three cases, and these failures Dr. Clemmer attributes to his own lack of skill rather than to any defect in the system.

Dr. Clemmer is a graduate of Pultę College, Cincinnati, and besides the subscriber, who is a graduate of the same college, he has the assistance of Dr. Howell, a graduate of the Cleveland College.

COLUMBUS, OHIO.

---

---

## ERYTHROXYLON COCA.

By MARC LAFFONT, M.D.

THE therapeutic uses of coca are so numerous that a *résumé* of its indications is appended. Several provings have been made which establish its value as a medicament.

In 1887, at the Institute of France (Académie des Sciences), and in 1888 at the Académie de Médecine, I demonstrated that coca, by virtue of its active principles, had three very distinct separate actions, as follows :

1. As an anæsthetic, acting upon the protoplasm of the terminations of the sensory nerves, preventing the transmission of painful sensations to the centers or the unconscious sensibility of Bichat.



2. As a nerve tonic, producing functional excitement of the cerebral and spinal nerve centers and increasing the intellectual and muscular activity.

3. As a tonic to the unstriated muscular fibers of the stomach, the intestines and the bladder, producing functional excitement of the constrictor action of the great sympathetic nerve, with consequent functional exaltation of all the smooth muscular fibers or muscles of organic life.

The dissatisfaction produced and the complaints which are made that the plant is wanting in uniformity of quality and is unreliable in producing the desired effects, are due to the varying quality of the preparation.

An essential requisite to produce reliable uniform preparations of coca is a thorough knowledge of the origin of the leaf, its nature and its quality.

Careful study and researches made by Mr. Mariani of Paris for many years as to the origin, the nature, the species, the culture of the different leaves of coca, and the care which he gives to his preparations, have been the means of placing at our disposal products uniform in quality and unvarying in their effects in those varied cases where their internal administration is called for.

It has long been known that the natives used the coca leaves to lessen fatigue, to keep up the spirits, and to appease the cravings of hunger. "Vin Mariani" is, therefore, to be recommended as a general tonic for persons either physically or mentally overworked ; in convalescence after lingering wasting diseases, where nourishment is needed and where it would be dangerous to overcharge the stomach ; with all whose recovery is tardy from wasting or constitutional weakness.

It is further used in diseases more specially referable to atony of the smooth muscular fibers, among which we class atony of the stomach. In dyspepsia, in those very common cases where this organ has become weak and torpid, is distended, and fails to secrete gastric juice, coca is well indicated.

It is, moreover, of value in weakness of the vascular organs, with the anæmic, the plethoric, where, principally on the face, the small blood-vessels show enlargement or venous arborescence which points to a similar state in the vessels of the nervous centers. The same vascular weakness is also observed with the varicose, in whom coca is indicated ; likewise with the paraplegic, with whom it regulates the circulation of the nervous centers.

It may be used also as a regulator of the nervous centers. The infusion of coca known as Thé Mariani produces very favorable results in sea-sickness, and in the vomiting of pregnancy.

LILLE, FRANCE.

## BRITISH HOMŒOPATHIC SOCIETY.

DR. GOLDSBROUGH, of London, read his paper on "Exceptional Cases of Acute Pneumonia," of which the following is the syllabus : (a) Causation of Adynamic Condition in Pneumonia ; (b) Relative Frequency of Abscess in such Cases ; (c) Contagiousness of Pneumonia ; (d) Delayed Development of the Local Lesion ; (e) TREATMENT : Use of Digitalis, Baptisia, Alcohol. Frequent Change of Medicines.

The first of the patients, whose case he reported, was exhibited to the Society. Two of the cases occurred in the same house, and seemed to follow the eating of fish. The sanitary arrangements were examined and found not to be at fault. In referring to the subject of the causation of typhoid pneumonia he maintained that it was often due to blood poisoning. Some cases appear to be distinctly contagious.

Abscess is not more frequent in the adynamic form.

The last time an important discussion took place on this subject amongst homœopathic practitioners was at the Congress of 1883. It was based on a paper by Dr. Bryce, of Edinburgh, entitled *Clinical Notes*. The burden of his argument was, in the first place, that it is necessary to ascertain the totality of the morbid phenomena exhibited by the patient, and to prescribe accordingly ; and, secondly, that if a prescription is based on pathological data, the dose required will be just within the physiological dose of the drug. He then adduces several cases of pneumonia, in which he administered drop or half-drop doses of digitalis  $\phi$  on the ground that pathologically it meets the acute sthenic variety of the disease in its first stage of active congestion. His treatment was attended with much success.

Has his plan been given an extended trial, and with what results ? Its relation to my present subject is as follows : I have given digitalis singly in several cases according to Dr. Bryce's suggestion and with his results. In some others there has been a reduction of temperature of one or two degrees, and an apparent mitigation of the severity of the attack. If acute active hyperæmia of the lung can be identified in any case, whether in the beginning of the illness or by extension from existing disease, it seems to me that Dr. Bryce has rendered us much indebted to him for his suggestion, and that digitalis might be used with benefit either singly or in alternation as the case might seem to require.

Baptisia is another drug which calls for some remark. If pneumonia can have, for its cause, the introduction into the system of decayed vegetable or animal matter, if the disease in the first few days of its course threatens to take on the adynamic condition, and if there be delirium of a muttering character, much pain in the back and limbs, a thickly coated tongue and diarrhœa, baptisia should undoubtedly be thought of.

Patients suffering from pneumonia seem to be particularly tolerant of alcohol. This is referred to by many writers. As failure of the heart's action is the chief source of danger in the disease, when judiciously used, alcohol is of the greatest possible service as a stimulant to tide the patient over the critical period. In a case of pneumonia in a man aged sixty-eight, a free liver, complicated by previously existing organic heart disease, Dr. Dyce Brown advised increasing the stimulant to six or eight ounces or even more in the twenty-four hours. The result was not only beneficial to the pulse and the heart's action, but as we increased the quantity of the stimulant there was a palpable

reduction of temperature. This patient made an excellent recovery, and with return to health, the quantity of stimulant was reduced to his normal minimum.

#### DISCUSSION.

Dr. Dudgeon said the points brought forward by Dr. Goldsbrough were very interesting. Abscess occurred, in his experience, not in typhoid pneumonia, but in common acute pneumonia, and in embolic pneumonia. The malarious or epidemic character of pneumonia has been strongly supported, and the supposed origin in colds and chills thrown doubt upon. He did not think Dr. Goldsbrough's cases proved that pneumonia was contagious.

Dr. Hughes said Dr. Goldsbrough's cases well illustrated the utterly atypical character of the cases of pneumonia we generally meet with. He thought the details of the cases were more interesting to the man who conducts the case than to others who heard them read. He did not think digitalis had any influence on the course of a pneumonia, digitalis not being related to lung tissue or fever. Baptisia he could understand being useful in pneumonic cases. He thought we should steadily work away with medicines homœopathically related to the condition of the lungs. Fleishmann gave nothing but phosphorus, and got excellent results. Dr. Hughes thought that frequent changing of medicines was bad.

Dr. Burford said there are pneumonias that are contagious and others epidemic, and others idiopathic. Five men may get a chill on the top of an omnibus; four of them may take, as a result, a different affection—pneumonia, pleurisy, rheumatism, catarrh—and the fifth may escape any after-effect of any kind.

Septic pneumonias were not treated of by Dr. Goldsbrough, and yet these are of frequent occurrence. After tying the carotid artery pneumonia will follow, and also after operations on the trachea. There is no sufficient explanation of these. Hypostatic pneumonia occurring in typhoid conditions is one of great interest; but he must attribute many pneumonias to chill. The barometric cases have been very frequent in his experience. A change of temperature—sudden east wind—always brought a batch of cases when he was in hospital work. The "coccus" of pneumonia has had its day; after being described and much talked of, it has been quietly dropped. Dr. Octavius Sturgis has recorded a number of cases in which contagion has been traced. In nine cases out of ten pneumonia was, he believed, constitutional disease, the particular stimulus acting on the part which in each one is most vulnerable.

Regarding the question of empyema and the desirability of evacuation, Dr. Knox Shaw instanced a case in which there was recurrent empyema which had now healed. Homœopathy was singularly successful in the treatment of pneumonia, especially if we choose and stick to one remedy, or at most two, say phos. and bry.

Dr. Galley Blackley did not think that pneumonia frequently succeeded barometric changes; on the Continent and in America pneumonia was invariably present after a long spell of intense cold, when the vital powers were depressed, and exposure almost invariably meant an attack of sthenic pneumonia.

#### INFLUENZA EPIDEMIC.

Dr. Galley Blackley opened the discussion on this subject by narrating a number of striking cases. The ages of his patients varied from

two and a half years to seventy-two. The medicines he had used were ars., bry., phos., acon., and kali bichrom. He had not seen occasion to use baptisia.

Dr. Dudgeon said his experience differed somewhat from that of Dr. Blackley. He noticed three types: (1) Febrile, without catarrh; headache and pains in extremities being the accompaniments. (2) That attended with most horribly painful sore-throat, generally affecting one side. This is accompanied with fever. (3) The catarrhal form, with laryngeal or bronchial catarrh; a sub-variety of this is attended with diarrhœa. All are attended with headache.

The medicine he had found best indicated in most cases was aconite. It had cut short many cases. For the catarrhal variety arsenicum is the remedy; for the sore throat, mercurius. With these three remedies he thought we could undertake to treat any case. He would not call the disease "epidemic catarrh," as there was often no catarrh present.

Dr. Maddon said, following the advice of Dr. Dobell, published in the medical papers, namely, to send out patients early, had resulted in several attacks of bronchitis in his practice. In several cases he had found signs of congestion. In these phosph. acted as a specific. He narrated a case of relapse in a girl of eleven. After apparently recovering a relapse occurred. A temperature of 105° was registered, and the day after this a characteristic crop of measles eruption came out. After some cases violent neuralgia followed. This was met by Schüssler's remedy, kali phos. He believed antipyrine was specific in many cases, and thought it was probably homœopathic. The fever was completely obliterated in a very short time. He gave 5-grain tabloids every few hours. He had seen several gastric neuralgic cases, violent painful colic without diarrhœa. Cuprum relieved one case very rapidly.

Dr. Hughes narrated a little outbreak of influenza in Brighton, which was introduced by a French governess before the general epidemic appeared. Two children at first were taken, then the father, who had typhlitis. He recovered under lycopodium. After that he saw nothing for a fortnight; then several cases occurred—one in a young lady, sudden prostrating headache, removed speedily by bry. 12. Next a strong man was taken with violent pains in the spine. Gelsem. in a day or two removed that. It was not for some time after this that he came across a typical case. He would call them ordinarily a feverish cold. The distinction is that aconite does not cut them short. This separated between a true infection and a feverish attack from chill. He would like to ask the opinion of members on the spinal affection, and the connection with the powerlessness of the legs. Sticta pulmonaria in the 1st dilution met the dry cough that remained. He did not see any cases of catarrh in the beginning of an attack, though it frequently appeared during convalescence.

Dr. Deane spoke of an outbreak of influenza among troops. The first case was one of a man with high fever, the eyes being congested. He suggested iodide of arsenic and phosphorus alternately, as the man had pneumonia. Thirty cases presented themselves the next day. These separated themselves into the three types indicated by Dr. Dudgeon. All had frontal headache and backache. Some had epistaxis. Many had violent diarrhœa. Most of them he sent into hospital. Veratrum combated the diarrhœa in one case which he kept under his

own treatment. Very few of the women in the barracks had it, and very few children. He was advised by the brigade-surgeon to give zinci-sulph., 30-grain doses, to cut the attacks short. This advice he did not follow. Aconite 3x had cut many cases short in twenty-four hours. The faintness and weakness that remained afterward were noteworthy. Many had vertigo. Referring to the rash, one brother officer said that the disease was dengue because of the rash; but it has not the history of dengue, and the rash is not characteristic. Malarial diseases will cause rashes. He has seen one case (a lady) where there was an extensive eruption of erythematous spots, intensely irritating. He noticed it very infectious. He called attention to the prevalence of measles along with the influenza.

Dr. Morrisson would divide all his cases into two classes--the rheumatic and the catarrhal. In regard to medicine, he had used aconitine 3x rather than aconite. He had been disappointed with arsenicum. Merc. sol. had been of decided use in pains in the limbs. The two most useful he had found were kali iod. 2x and gelsem. For the febrile symptoms and the pain gelsem. was of most use. Phos. 4x was of much use in the cough, more so than higher attenuations. He asked if any had used sabadilla. He had found a micrococcus in the expectoration, and he had observed a difference in the mucous globules. He had no doubt the disease was highly infectious, and in various ways. In one case it was communicated by letters from Germany. He had noticed a want of correspondence between temperature and pulse-rate.

#### OBITUARY.

**D**R. ISRAEL LUKENS, for over twenty years a prominent homœopathic physician of Rahway, N. J., died at his home in that city, February 10. He was seventy-nine years old and had been practicing medicine for forty-seven years. He was born in 1810 at Upper Dublin, Montgomery County, Penn., of Quaker parents, and up to the time of his death was an active member of the Society of Friends, adhering to their customs. In 1849 he went to California, but after a brief stay returned to Philadelphia, where he resumed the practice of his profession. From Philadelphia he removed to Bridgeton, N. J., and after a few years' practice there he went to Rahway. During the war President Lincoln offered him the place of surgeon in one of the New Jersey regiments, but while strongly sympathizing with the Union cause his traditions and belief were so strongly against war that he refused the place. Dr. Lukens leaves a wife, to whom he had been married fifty-six years.

Dr. S. C. KNICKERBOCKER, a homœopathic physician long established in Watertown, N. Y., died February 2 of pneumonia.

Dr. O. P. BENSON, of Skaneateles, N. Y., is dead.

—Little children, become emaciated, are helped by *Marum verum*, if they have a jerking hiccough after nursing, and belching without bringing anything up. The same is often beneficial in the crying or the diarrhœa of little children.—*Pearson*.

## GLOBULES.

—Every pain accompanied by a loss of breath. Pulsatilla.

—Difficult respiration accompanies diseased conditions in parts not involved in the act of breathing. Pulsatilla.

—Dr. Frank Ferguson, pathologist to the New York Hospital, has been elected Professor of Pathology in the New York Post-Graduate Medical School and Hospital.

—Neuralgia after any prolonged mental effort. Pain is in the right side of the temple in and around the eye, in the ear, and in the lower molar tooth. Chewing ice gives some relief. Coffea.

—Prof. Loissette's Memory System is creating greater interest than ever in all parts of the country, and persons wishing to improve their memory should send for his prospectus free as advertised in another column.

—Painless, profuse, watery stool, smelling like carrion, loud gurgling in the bowels before the stool, gagging and empty retching, worse morning, night, and hot weather, great thirst and cold limbs. Podophyllum.

—For anæmia and during convalescence, E.M. Hale, M.D., advises : Armour's Thick Extract of Beef, 1 oz.; Tokay wine, 7 oz.; syrup albuminate of iron, 1 oz.; Maltine, 7 oz. *Dose* : One dessert or table-spoonful after each meal.

—Hypnotism, like magnetism, is dependent not alone upon the procedure adopted to exhibit its effects, but the *personality* of the manipulator is perhaps the main factor in its production, regardless of the method which he employs to make that personality felt.

—The Rochester Homœopathic Hospital is a most favored institution. Through the generosity of Don Alonzo Watson, Hiram W. Sibley and Mrs. Hiram Sibley, who have made the hospital the magnificent gift of \$30,000, it starts on its career free from a debt which seemed likely to be a weight upon it, and a clog to its usefulness for years.

—The amount of money which it is necessary for the friends of the new proposed Grace Hospital in New Haven for the homœopaths to raise before the corresponding sum can be secured from the State, is nearly all subscribed, and the committee having charge of the matter have been examining several pieces of improved and unimproved real estate for the location of the hospital buildings.

—We have now been using Nutrolactis for one year, and our confidence in it grows steadily with each case for which we prescribe it. The recommendations from others gave us confidence at the start, but our own experience has made it, with us, as near specific as a galactagogue, as remedies ever get to be in any condition. We have used it in twenty-four cases with but one failure.—*F. L. Sims, M.D.*

—The Homœopathic Medical Society of Brooklyn held its two hundred and fifty-first regular monthly meeting in the rooms of the Franklin Literary Society, 44 Court Street, Edwin Chapin, M.D., chairman, presiding. The name of Dr. Chauncey E. Low, of 175 Remsen Street, was proposed for membership, and Dr. F. B. Williams, 583 Bedford

Avenue, Dr. W. F. Horan, 189 Cumberland Street, and Dr. H. J Knapp, of 68 Maujer Street, were elected members.

—Hon. Walter H. Levy, Judge of Department 10, Superior Court, has appointed Dr. James E. Lilienthal Commissioner of Insanity, vice Dr. Samuel Tevis. Dr. Lilienthal is a leading homœopathic physician, and his appointment marks a new departure in recognizing the homœopathic school of medicine. Recent grand juries have recommended representation for the homœopaths, and to Judge Levy is due the credit of having appointed the first homœopathic physician to an official position.

—TO REMOVE RUST FROM STEEL.—To remove the rust from steel and at the same time restore its polish, the following is recommended by the *Chemist and Druggist*: Take of cyanide of calcium, 15 parts; of fatty soap, 15 parts; of whiting, 30 parts; and of water sufficient to make a stiff paste. The steel is first washed with a solution of one part of cyanide of potassium in two parts of water, and then immediately rubbed with the above. Both of these formulæ should be carefully dispensed on account of their active poisonous qualities.

—Aseptic catgut ligatures, chromicized for use on the larger arteries, may be prepared as follows: Take 200 grains catgut; remove fatty matter by immersion in ether for twenty-four hours; wrap when dry on spools and immerse forty-eight hours in following solution:—

R.	Acid chromic.....	gr. j
	Acid carbolic.....	gr. cc
	Spirit. vini rectificat.....	f 3 ij
	Aquæ distillat.....	f 3 viij.
M.		

Remove the catgut under antiseptic precautions; dry, wrap up in any aseptic impermeable material, and before using place for a short time in ordinary 1 to 1000 corrosive solution to which one-fifth its weight of alcohol has been added; these ligatures cut through in about seven days.—PROF. GROSS, *Col. and Clin. Record*.

—ACCURACY OF DIAGNOSIS.—Lawson Tait says, in his recently published lectures on ectopic pregnancy and pelvic hematocele: "I once saw a surgeon, who is now a baronet and has a court appointment, remove a breast with a tumor in it. After he had the whole thing in his hands, he drew a knife across the tumor, and out spurted a lot of laudable pus. He had made his explorative incision after the treatment was complete. Absolute accuracy of diagnosis in the abdomen is very far from being possible; only the ignorant assert that it is, and only fools wait for it."—*Boston Med. and Surg. Journal*.

—A SIMPLE METHOD OF FORCIBLE FEEDING.—Dr. I. S. Ivanoff, of Kostroma, recommends the following method for forcible feeding, which he has successfully employed in the case of an insane lady who absolutely refused to take food, in consequence of her having some fixed idea on that point. Having seated and steadied the patient, he firmly closes her nostrils by pressure, which causes her to open the mouth for breathing; then he slightly bends the lady's head backward and pours some liquid food into her mouth by means of an ordinary spoon; she appears to swallow without much struggle. The method is said to be very simple, and by far less troublesome and more convenient than the ordinary introduction of a gastric sound through the nose.—*St. Louis Med. and Surg. Jour.*

—To increase the weight, says Lamphear's *Kansas City Med. Index*, eat to the extent of satisfying a natural appetite, of fat meats, butter, cream, milk, cocoa, chocolate, bread, potatoes, peas, parsnips, carrots, beets, farinaceous foods, as Indian corn, rice, tapioca, sago, corn-starch, pastry, custards, oatmeal, sugar, sweet wines, and ale. Avoid acids, Exercise as little as possible; sleep all you can, and don't worry or fret.

To reduce the weight, eat to the extent of satisfying a natural appetite, of lean meat, poultry, game, eggs, milk moderately, green vegetables, turnips, succulent fruits, tea or coffee. Drink lime-juice, lemonade, and acid drinks. Avoid fat, butter, cream, sugar, pastry, rice, sago, tapioca, corn-starch, potatoes, carrots, beets, parsnips, and sweet wines. Exercise freely.

—NUTRIMENT OF OYSTERS.—Speaking roughly, a quart of oysters contains, on the average, about the same quantity of actual nutritive substance as a quart of milk or a pound of very lean beef, or a pound and a half of fresh codfish, or two-thirds of a pound of bread. The nutritive substance of oysters contains considerable of both the flesh-forming and the heat and force giving ingredients. Oysters come nearer to milk than almost any other common food materials as regards both the amounts and the relative proportions of nutrients, and the food values of equal weights of milk and oysters—that is, their values for supplying the body with material to build up its parts, repair its wastes, and furnish it with heat and energy would be pretty nearly the same.

—QUICK METHOD FOR FINDING THE BACILLUS TUBERCULOSIS.—MM. Pittion and Roux (*Soc. sci. mdd. de Lyon*) propose the use of the following mixtures: 1. Solution A: Fuchsine, 10 gm.; absolute alcohol, 100 gm. 2. Solution B: Liq. ammonia, 3 gm.; water, 100 gm. 3. Solution C: Alcohol, 50 gm.; water, 30 gm.; nitric acid, 20 gm.; add aniline green to the alcohol to saturation, then the water, and finally the acid. For coloring take 10 ccm. of the B solution and add 1 ccm. of A; heat until there is some disengagement of gases, and immerse the glass sputa-plate after having previously passed it three times through an oxygenated flame. In one minute we thus get a perfect coloration of the bacilli. The glass should then be washed with water and a few drops of the C mixture allowed to remain on its positive surface for 45 seconds, when it must be washed off and the dried glass covered with xylol balsam. In three minutes we get unalterable specimens, in which the bacilli, of a rose color, show well from a pale green ground.—*N. Y. Med. Abstract.*

—The following officers were elected for the ensuing year by the Homœopathic Medical Society at Albany: President, Dr. George M. Dillow, New York; First Vice-President, Dr. N. B. Covert, Geneva; Second Vice-President, Dr. J. M. Lee, Rochester; Third Vice-President, Dr. W. B. Gifford, Utica; Secretary, Dr. Arthur B. Norton, New York. Brooklyn was fixed upon as the place for the next semi-annual meeting, on September 17 and 18. The following were elected permanent members: W. F. Clapp, Fairport; J. H. Hallock, Syracuse; Edwin S. Hayward, Julia F. Haywood, George M. Haywood, John H. McCullum, C. W. Perrine, J. S. Read, Marsena E. Sherman, O. S. Stull, Rochester; H. J. Pierson, G. H. R. Bennett, W. W. Blackman, L. W. Bolan, A. H. Elliott, D. A. Gorton, F. Percy Jenks, C. A.



Walters, J. L. Watson, J. H. Ward, N. Robinson, E. H. Muncie, Chauncey E. Low, C. L. Johnston, George P. Cornell, Brooklyn ; C. A. Ward, F. L. Stacy, Binghamton ; R. R. Trotter, Yonkers ; J. W. LeSeur, Batavia ; J. S. Halbert, Buffalo ; C. A. Rowley, Victor ; F. E. Roper, Deposit ; Charles F. Otis, Honeoye Falls.

—Virgil McDavitt, M. D., Quincy, Ill., says : I usually find Celerina to be a very agreeable and acceptable nerve tonic, quieting and calming nervous irritability and causing sleep oftentimes after spells of continued wakefulness ; not a cure-all, but a valuable addition to our armamentarium in the treatment of a class of cases which are often most vexatious and trying to the physician and worrying to the patient.

### OH-DON'T-LOGY.

· DON'T report as successful an operation from the effects of which the patient dies within three days.

DON'T fail to recommend to heart-sufferers and those threatened with brain weakness the value of lying down frequently during the day.

DON'T be too sure that *your* cure for the grippe is the epidemic remedy. Thus far every practitioner seems to have had his own specific.

DON'T give all the credit of a restoration to health to the waters drank ; reserve a little for the possible curative effect of change of climate, habits, etc.

DON'T forget that massage properly and intelligently applied prevents the weakness resulting from disease, and also attracts the blood to the parts manipulated.

DON'T shrug your shoulders at everything that is Frenchy. They have a comfortable way over in that Republic of allowing a physician's bill as one of the first in settling up an estate.

DON'T cut a rival journalist from your Ex. list, because he has found something in your "make-up" that needed a notice. Leave your hysterics and pouts without the door of the editorial sanctum.

DON'T give too favorable a prognosis in a case of apparent light railway accident injury, if patient is a beer-drinker. Dr. Parmalee has experienced bad results in so many such cases that he gives this note of warning to others.

DON'T be too ready to believe all the good results ascribed to a new pharmaceutical or other agent. Sulfonal has power to be fatal in two 15 gr. doses, when 60 gr. is the usually recommended quantity by foreign experimenters.

DON'T enter upon the treatment of a case of Bright's Disease, if the patient will not scrupulously conform to your directions and recommendations. Of course, this is true of all ailments, but more particularly of Bright's Disease.

The only prominent Emulsion of Cod-Liver Oil introduced directly to the medical profession.  
It is advertised exclusively in medical journals.

# HYDROLEINE.

(HYDRATED OIL.)

Produces rapid Increase in Flesh and Strength.

## FORMULA.—Each Dose contains:

Pure Cod Liver Oil.....20 m. (drops)	Soda.....1-2 Grains
Distilled Water.....25 "	Salicylic Acid.....1-4 "
Soluble Pancreatin.....5 Grains.	Hydrochloric Acid.....1-20 "

Recommended and Prescribed by  
EMINENT PHYSICIANS Everywhere.  
It is pleasant to the Taste and  
acceptable to the most delicate Stomach.

IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.

**HYDROLEINE (Hydrated Oil)** is not a simple alkaline emulsion of oleum morrhuae, but a hydropancreated preparation, containing acids and a small percentage of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, readily converts the oleaginous material into assimilable matter, a change so necessary to the reparative process in all wasting diseases.

The following are some of the diseases in which **HYDROLEINE** is indicated:

**Phthisis, Tuberculosis, Catarrh, Cough, Scrofula, Chlorosis,**

**General Debility, etc.**

**TO BRAIN WORKERS** of all classes, **HYDROLEINE** is invaluable, supplying as it does, the true brain-food, and being more easily assimilated by the digestive organs than any other emulsion.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fate in the Human Body," and "Consumption and Wasting Diseases," by two distinguished London physicians, which will be sent free on application.

**SOLD BY DRUGGISTS GENERALLY.**

**C. N. CRITTENTON,**

SOLE AGENT FOR THE UNITED STATES.

115 FULTON STREET, N. Y.

A Sample of Hydroleine will be sent free upon application, to any physician (enclosing business card) in the U. S.



## ARMOUR'S EXTRACT OF BEEF.

In 2 Oz., 4 Oz., 8 Oz., and 16 Oz. Jars.

**MADE ONLY FROM FINEST QUALITY OF FRESH BEEF.**

**SUPERIOR TO ALL OTHER MEAT EXTRACTS IN  
STRENGTH, FLAVOR,  
COLOR, ODOR,  
SOLUBILITY and  
NUTRITIOUS PROPERTIES.**

**AWARDED THE GOLD MEDAL, PARIS, 1889.**

Samples sent on application to

**ARMOUR & CO., Chicago.**

## THE BEST ANTISEPTIC.

For both INTERNAL and EXTERNAL Use.

# LISTERINE.

**Formula.**—Listerine is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.

**Dose.**—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially adapted to internal use, and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, irrigation, atomization, or simple local application, and therefore characterized by its particular adaptability to the field of

## PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

Physicians interested in *Listerine* will please send us their address, and receive by return mail our new and complete pamphlet of 36 quarto pages, embodying:

**A TABULATED EXHIBIT** of the action of LISTERINE upon inert Laboratory Compounds; **FULL AND EXHAUSTIVE REPORTS** and Clinical observations from all sources, confirming the utility of LISTERINE as a general antiseptic for both internal and external use; and particularly **MICROSCOPIC OBSERVATIONS**, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. Miller, A. B., Ph.D., D. D. S., Prof. of Operative and Clinical Dentistry, University of Berlin, from whose deductions LISTERINE appears to be the most acceptable prophylactic for the care and preservation of the teeth.

**LAMBERT PHARMACAL CO.,**

**314 N. Main Street, St. Louis, Mo.**

## ANTIFEBRIN IN INFLUENZA!

*This use* of this Renowned ANTIPYRETIC, ANODYNE, SEDATIVE and NERVINE seems suggested by the following Judgments passed on it by Reputed Authorities in Symptomatically Allied Complaints:—

As an Antifebrile Dose:—2 to 4 grains *single*; 16 to 32 grains *daily*.—(WEINSTEIN, Vienna.)

As an Anodyne and Nervine Dose in severest Neurotic and Secondary Pains:—8 to 16 grains, *one to four times per day*.—(DEMIEVILLE, Lausanne.)

### Mode of Administration:

"Even the *initial dose* gave evident relief; commonly within half an hour. If this did not suffice to break up the symptoms materially, a second dose followed in an hour or two; at the very utmost a third one was given the same day.

"The remedy was effective and well tolerated at all times; at all hours of the day; on an empty or a full stomach; even during menstruation.

"The form of exhibition was that of *powders*, wrapped in *wafers*. The ready solubility of the Antifebrin in Alcohol indicates the advisability of following the dose by a small draught of Wine or Brandy."—(OTT, Prague.)

ANOTHER MODE OF ADMINISTRATION:—*Dissolve* your Dose (4 to 12 grains) of ANTIFEBRIN in  $\frac{1}{2}$ –1 ounce (1 to 2 Tablespoonfuls) of *Boiling Water*,—stirring for a minute or two, until dissolved. Allow the Solution to *cool down* to about 104 degrees F. (being just comfortably warm), and sweeten to taste, *Before Taking!*—No ALCOHOL, WINE, or LIQUOR needed with it when thus prepared.

## ANTIFEBRIN

was found Superior to the Following Remedies in Efficacy, or in Safety, or in Both:—

Antipyrine,—Quinine,—Morphine,—Opium,—CHLORAL HYDRATE—ACONITE,—CAFFEINE,—KAIRINE,—Salicylic Acid,—CARBOLIC ACID,—Bromides,—IODIDES.

Among the Medical Authorities from whose Clinical and other Published Reports the above-stated PREFERENCES OF ANTIFEBRIN OVER OTHER REMEDIES have been drawn, are the following:

HARE, University of Pennsylvania;—DUJARDIN-BEAUMETZ, Paris;—HERTZEL, Heidelberg;—MURRAY, *Brit Med. Journal*;—PAVAIAJNA, *Centralkblatt für die gesammte Therapie*;—BARR, Bridgeport, Ill.;—KELL, Delphos, O.;—HAY, New York;—HAAS, Prague.

Antifebrin was also found to be

"Thoroughly *reliable* as an ANTIPYRETIC."—(DEMME, Berne.)

"*Not only* powerfully ANTITHERMIC, but also a most *useful* NERVINE."—(LEPINE, Lyons.)

"A *powerful, safe, and certain* ANTITHERMIC agent."—(EVANS, Easton, Pa.)

"*Complete* ANALGNETIC effect in nine cases out of every ten."—(FISCHER, Cannstatt.)

## REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

BY EDWARD R. SNADER, M.D.

Lecturer on Physical Diagnosis at Hahnemann Medical College, Phila., Penn.

(Continued from page 84.)

### **Hæmorrhage.**

- ACONITE.**—Hæmoptysis ; blood comes up with an easy hawking, hemming or slight cough ; expression of anxiety ; great fear of death ; palpitation ; quick pulse.
- ALOE SOC.**—Congestion to chest ; dry cough ; bloody expectoration.
- ARNICA MONT.**—Hæmorrhage after mechanical injuries ; slight spitting of black, thick, viscid, blood, or bright red, frothy blood, mixed with mucus and coagula. Chest sore when coughing, sputum blood-streaked ; cannot raise the loosened mucus.
- CACTUS GRAND.**—Hæmoptysis, with marked arterial excitement but less fever and restlessness than aconite ; convulsive cough. Pricking pains in the chest, bloody sputa ; hard, quick, vibrating pulse ; sharp, wandering pains in chest and scapular region.
- CARBO VEG.**—Hæmoptysis, burning in chest, paroxysms of violent cough, hoarse ; face pale ; skin cold ; slow, intermittent pulse ; wants to be fanned.
- CINCHONA.**—Pneumonia after hæmorrhages, bleeding or with bilious symptoms ; or incipient gangrene. Pressure in chest, as from violent rust of blood, violent palpitation ; bloody sputum ; sudden prostration. Hæmoptysis, with subsequent suppuration of lungs ; stitches in chest worse from slight touch.
- COLCHICUM ANT.**—Spitting blood, after injuries.
- DULCAMARA.**—Hæmoptysis, bright red ; tickling in larynx ; worse at rest ; caused by a cold or a protracted loose cough.
- FERRUM MET.**—Flying pains in the chest ; blood-spitting ; persons who flush easily and get epistaxis ; dyspnœa and palpitation.
- HAMAMELIS VIRG.**—Hæmoptysis, tickling cough, with taste of blood or of sulphur ; dull, frontal headache ; tightness of chest ; cannot lie down, because of difficult breathing from congestion ; fulness in the head ; mind calm.
- HYOSCYAMUS NIG.**—Hæmoptysis, bright red, with spasms, also in drunkards.
- IODUM.**—Tendency to pulmonary congestion and hæmorrhage.
- IPEACACUANHA.**—Hæmorrhage from the lungs ; worse from least exertion ; frequent hacking, with expectoration of blood-streaked mucus.
- KALI CARB.**—Phthisis ; acts on lower part of right lung ; sputum contains pus globules, blood and albumen.
- LEDUM PAL.**—Congestion to the chest, with hæmoptysis. Hæmoptysis, alternating with rheumatism.
- MERCURIUS.**—Suppuration of the lungs after hæmorrhage, or after pneumonia.
- MERCURIUS COR.**—Hæmoptysis.
- MILLEFOLIUM.**—Oppression of chest, frequent blood-spitting ; piercing pains, stinging, bruised feeling ; worse under left shoulder-blade.

- NITRIC ACID.**—Lungs attacked, rattling breathing ; loose cough, sputum brown, bloody ; pulse irregular (Typhus).  
**NUX MOS.**—Stitches in chest, tightness, spitting of blood.  
**NUX VOM.**—Hæmoptysis ; from anger, suppressed hæmorrhoidal flow ; debauchery ; especially in drunkards.  
**OPIUM.**—Blood, thick, frothy, mixed with mucus ; great oppression ; burning about heart, tremor, feeble voice ; anxious sleep, with starts ; legs cold, chest hot ; especially for drunkards.  
**RHUS TOXICODENDRON.**—Hæmoptysis : from over-exertion, blowing wind instruments ; blood bright ; pain in lower part of chest ; renewed from least mental excitement.  
**STANNUM.**—Hæmoptysis with tendency to copious expectoration.  
**SULPHURIC ACID.**—Profuse hæmorrhage from lungs ; tuberculosis.  
**TEREBINTHINA.**—Hæmorrhage from lungs.  
**URTICA URENS.**—Hæmoptysis, from violent exertion of lungs.

#### CHARACTER OF HÆMORRHAGE.

- HÆMORRHAGE.**—Arnica, Cinchona, Ipecacuanha, Terebinthina, Sulphuric acid.  
 ————profuse—Sulphuric acid.  
**HÆMLOPTYSIS.**—Aconite, Arnica, Cactus grand., Carbo veg., Cinchona, Colchicum, Dulcamara, Ferrum, Hamamelis, Hyoscyamus, Ledum, Mercurius cor., Millefolium, Nux vom., Rhus tox., Stannum, Urtica urens.  
 ————slight—spitting.—Arnica.  
 ————with subsequent suppuration of lungs—Cinchona.  
**BLOODY EXPECTORATION.**—Aloe, Cactus grand., Cinchona, Nitric Acid.  
**BLOOD-STREAKED.**—Arnica, Ipecacuanha.  
**BLACK.**—Arnica.  
**THICK.**—Arnica, Opium.  
**VISCID.**—Arnica.  
**BRIGHT RED.**—Arnica, Dulcamara, Hyoscyamus, Rhus tox.  
**FROTHY.**—Arnica, Opium.  
**BROWN.**—Nitric acid.  
**MIXED WITH MUCUS.**—Arnica, Opium.  
 ————and coagula—Arnica.

#### MENTAL SYMPTOMS.

- With anxiety—Aconite.  
 With great fear of death—Aconite.  
 With calm mind—Hamamelis.  
 From anger—Nux vomica.  
 Renewed from least mental excitement—Rhus Tox.

#### CONCOMITANTS.

- With cough—Aloe, Cactus grand., Carbo veg., Hamamelis, Nitric acid.  
 ————dry—Aloe.  
 ————convulsive—Cactus Grand.  
 ————violent paroxysms—Carbo veg.  
 ————tickling—Hamamelis.  
 ————loose—Nitric acid.  
 With congestion to chest—Aloe, Hamamelis, Ledum.  
 With pain in lower part of chest—Rhus tox.

With sore chest—*Arnica*.  
 With prickling pain in chest—*Cactus grand*.  
 With sharp wandering pains in chest and scapular region—*Cactus grand*.  
 With flying pains in chest—*Ferrum*.  
 With piercing pains, stinging, bruised feeling, worse in left shoulder-blade—*Millefolium*.  
 With burning about heart—*Opium*.  
 With tickling in larynx—*Dulcamara*.  
 With oppression of chest—*Millefolium*, *Opium*.  
 With tightness in chest—*Nux mos*.  
 With feeble voice—*Opium*.  
 With hoarseness—*Carbo veg*.  
 With pale face—*Carbo veg*.  
 With cold skin—*Carbo veg*.  
 With dull frontal headache—*Hamamelis*.  
 With fullness in head—*Hamamelis*.  
 With taste of blood and sulphur—*Hamamelis*.  
 With rattling breathing—*Nitric acid*.  
 With spasms—*Hyoscyamus*.  
 With anxious sleep, with starts—*Opium*.  
 With cold legs, chest hot—*Opium*.  
 With tendency to copious expectoration—*Stannum*.  
 With dyspnœa—*Ferrum*.  
 With palpitation—*Aconite*, *Cinchona* (violent), *Ferrum*.  
 With quick pulse—*Aconite*.  
 With marked arterial excitement—*Cactus grand*.  
 With hard, quick, vibrating pulse—*Cactus grand*.  
 With slow, intermittent pulse—*Carbo veg*.  
 With irregular pulse—*Nitric acid*.  
 With easy hawking, hemming, or slight cough—*Aconite*.  
 With frequent hacking—*Ipecacuanha*.

#### STATES, CONDITIONS, AND PRECEDENT CAUSES.

After mechanical injuries—*Arnica*, *Colchicum*.  
 Caused by cold, or protracted loose cough—*Dulcamara*.  
 In drunkards—*Hyoscyamus*, *Nux vom.*, *opium*.  
 From anger, suppressed hæmorrhoidal flow, debauchery, especially in drunkards—*Nux vom.*  
 From over-exertion ; blowing wind instruments—*Rhus tox*.  
 From violent exertion of lungs—*Urtica urens*.  
 Hæmoptysis, alternating with rheumatism—*Ledum*.  
 Pneumonia, after hæmorrhages, bleeding, or with bilious symptoms, or incipient gangrene—*Cinchona*.  
 Hæmorrhages, with subsequent suppuration of lungs—*Cinchona*.  
 Suppuration of lungs after hæmorrhage or after pneumonia—*Mercurius*.

#### AGGRAVATIONS.

Worse at rest—*Dulcamara*.  
 Worse from least exertion—*Ipecacuanha*.  
 From over-exertion—*Rhus tox*.  
 From violent exertion—*Urtica urens*.  
 From blowing wind instruments—*Rhus tox*.  
 Renewed from least mental excitement—*Rhus tox*.

#### AMELIORATION.

Better from fanning—*Carbo veg*. (wants to be fanned).

**Breathing.**

[FOR PAINS ACCOMPANYING RESPIRATORY ACTS, SEE "PAINS."]

- ACONITE**.—Lancinations through the chest, with dry heat, difficult breathing, often violent chill.
- ALUMINA**.—Congestion of blood to chest, with redness of face and one ear, caused by suppressed hæmorrhoidal flux.
- ANTIMONIUM CRUD.**—Oppression and pressive pains in the chest, more right.
- ANTIMONIUM TART.**—Anxious, with oppression of chest and rising of warmth from the heart. Œdema of the lungs. Broncho-pneumonia.
- APIS MEL.**—Dull, aching pain in left side of chest, near the middle of sternum, with sensation of fullness in chest and short breath, Hydrothorax. After pleurisy.
- AURUM MET.**—Dull stitches in both sides of the chest, with heat in the chest and dyspnœa; increased by inspiration.
- BELLADONNA**.—Pressive pain in the chest, with shortness of breath, and at the same time between the shoulders, when walking or sitting.
- BENZOIC ACID**.—Pneumonia, asthenic forms, difficult breathing increasing every hour. Stitches in the right chest, especially on breathing deeply; evening.
- BRYONIA ALB.**—Constriction of the chest; felt the need of breathing deeply; when attempting to breathe deeply, pain in the chest. Sensation of heaviness beneath the sternum, extending toward the right shoulder, impeding respiration; deep inspiration was difficult. Sharp pain in left infra-mammary region, worse during inspiration. Sharp stitching pain in the chest, below right nipple, extending outward, only on expiration. Short but violent stitches in right side of chest, so that must hold the breath and cannot cry out. Tearing stitches in left side of chest, extend from behind forward, are better during rest, worse during motion and in deep inspiration.
- CACTUS GRAND.**—Continual rattling of mucus; oppressed breathing; cannot lie in a horizontal position; attacks of anxiety and suffocation.
- CALCAREA OST.**—Oppression of the chest, as if too full. Stitches in the left chest on inspiration. Stitches in the chest and sides of chest, when moving; from deep inspiration, and when lying on the affected side. Sore pains in the chest, worse during inspiration.
- CALCAREA PHOS.**—Sharp pain about the sixth rib, right side; later on the left, about fourth and fifth rib, coming and going; takes the breath; worse with deep breath, during the day. Contraction of the chest and difficult breathing, evening till 10 P.M.; better lying down, worse when getting up.
- CARBO VEG.**—Burning under sternum; rattling of large bubbles; dyspnœa; cold knees in bed.
- CAUSTICUM**.—Tightness of the chest, must frequently take a deep breath.

THE  
AMERICAN HOMŒOPATHIST.

VOL. XVI.

NEW YORK, APRIL 1, 1890.

No. 4.

FRANK KRAFT, M.D., EDITOR.

IN the spring, says Tennyson, a number of poetical things take place, all of which rhyme and jingle and are beautiful to contemplate.

But the poet laureate has omitted one very important event which the spring brings about, one in no special way connected with a robin's breast, though the human mammary gland may be associated therewith, while it does refer to "another crest," and has especial reference to the young man's fancy; it relates to the chrysalis-butterfly period of the medical graduate. The young man who is turned loose in the ides of March as a Doctor of Medicine, with a parchment diploma couched in a tongue whereof he knows little if aught, is an evolution if not a revolution which the poet ought not to have ignored when summing up the charges laid at the door of Spring.

\* \*

ASSUMING that the great majority of the classes have passed a meritorious examination, and have not been "railroaded" through for divers unworthy purposes; assuming that these have been properly invested with the new dignity and have carefully weighed the probabilities of a living and success, there are yet many problems which no school has taught them to solve, and which only each man can for himself work out.

\* \*

HOW many have pondered the awful responsibility which weighs down the medical man as he stands by the bedside of the fast dissolving mortal fabric, and realizes that if he knew more he might yet rescue this soul from eternity? The answering refrain that he is doing the best he knows how will not prove of comfort to him then. How many have seriously discussed the difficulties and hardships of the profession whose portals they are but now entering? How many have measured their presumed strength with the calumnies, slanders, villifying gossips, and absolute falsehoods that will pursue them for years to come, and mar the little enjoyment and gratification ordinarily attendant upon a duty well done. How many can stand upright after half-a-dozen years of practice, and, fearlessly pointing to the diploma say: "I have never smirched the ermine of Homœopathy; I have followed in the teachings of my Alma Mater"? There be many hardships to endure at the very threshold of a medical practice, and especially so for the honest homœopath, to which poverty is a bare trifle. It is not food for the body that will be his greatest need. It is not the need of raiment that will distress him unduly; these are perhaps the only ele-



ments of fear which now dimly haze his mental vision. But it is that other pabulum which satisfieth the heart and mind of the just and perfect man which he will lack. If in a practice of many months he loses no patients he will be accused of having no practice, of making long drives into the country without stopping anywhere, to lend color to his being very busy ; if he does lose a case he is pursued and hounded with every vile slander which the tongue of a malicious neighborhood can invent. Other and inimical physicians will interest themselves, and counsel malpractice suits, the non-payment of fees, and cut rates whenever it is possible to secure a case. In short, the third or fourth anniversary of the beautiful spring will likely enough find the medical "young man's fancy lightly turned to thoughts" of something entirely different from medical practice. It is at a time such as this that the two-o'clock-in-the-morning courage of Napoleon is needed to buoy him over the tempestuous sea of trouble.

\* \*

HOW many have considered prayerfully, not the absence of practice, but the surplusage thereof which takes him from his bed at night, makes him a stranger at his own fireside, and, if in the country, an almoner on the charity of the people for meals for himself and food for his horse. Consider the miles and miles of terrible riding through clinging clay on dark, cold nights with accompaniments of pelting rain or blinding snow ; over frozen roads that make riding a torture to the flesh ; then, arrived at his journey's end, tired, sleepy, and hungry, to be met with misery and poverty and dirt in every form. The paying of the bill will only be indirectly referred to here. We all know how cheerfully that follows—a year or such a matter thereafter, after repeated dunnings, prayers, and possibly law-suits. We all know that the fire-wood grudgingly thrown into our backyard in part payment of the bill is dry and good and of the proper length ; we all know that the potatoes and onions are large and good and the measure overflowing ; that the oats and corn and hay are of excellent quality and well-seasoned ; that the butter is fresh churned and the eggs new laid to order. All these things the country doctor knows to his infinite sorrow. Has the newly turned doctor who contemplates a start in the country thought of these things ? The city doctor has his trials and tribulations no less renowned than those of his brother Hayseed ; still he is within the purlieu of civilization ; when he is very tired he can stop and rest ; he may take a street-car, or he may walk ; if he be hungry and athirst he is not compelled to fast or else partake of food which nauseates him ; restaurants are abundant. But how fares it in the latter regard with the poor country leech ?

\* \*

WHO that has not experienced it can duly appreciate the trials of a doctor with a squeamish stomach, when, after resolutely fasting for eight or ten hours rather than break bread in the filthy surroundings, he gives way, and is invited to a frugal repast of soda biscuit, yellow as gold and nearly as hard, or salt-risin' bread "set" in a wash-basin and worked by a woman with salt-rheum on her hands ; where the only "meat" is a bit of oleaginous pork minus even the faintest "red-string" of lean ; when every article that has been pre-

pared was cooked in the oil preserved from day before yesterday's fried fish ; where three or four mangy dogs under the table cause malodorous fumes to rise ; where you are requested to ask a blessing over coffee that is blue and weak and cold ; where the tea is made from a tea-kettle into which the lord of the manor has dipped his razor to set its edge after vainly strapping it on his boot-leg and stubbly face for five or ten minutes ; where the crackers are back numbers, mouldy with generous admixture of eggs from last year's blatta ; where the room is so small that the hired man, standing behind you as you sit at table, makes his matutinal toilet with the aid of a cheval glass nailed to the unplastered wall as he vigorously combs and splashes his wet hair down your collar and over on your plate ; where the grown-up daughter, who wears bangs and bustle, and says graws for grass, first cleanses her knife in her mouth, then uses it to help herself to butter from the dish you have gallantly thrust at her ; where the *cimex lectularius* make unabashed attempts to eat at the same table with you ; where the hostess blows down the long spout of the coffee-pot to dislodge the stenosis ; where the elderberry pie is so short not only in quantity but in crust, that you are tempted to beat it up and eat it for hash ; where the mince pies have apparently been laid away since the year One in camphor to keep out the moths ; where the mother-in-law of the firm, laying aside her cob-pipe for the purpose, takes down a pan of milk, blows over its surface to skim the cream, then tastes to make sure of its sweetness and fitness for your coffee ; where the family mustache-cup is set to your place after you have seen the pet cat fed from it ; where the soup tureen is used as a receptacle for emesis.

\* \*

HAS the recent graduate who is casting his eyes longingly to the country, considered this phase of the question—all being illustrations taken from actual life ? We believe not. Thoughts of quite another kind are flitting through his elated brain, as he stands at the elevated platform, a smile wreathing his classical nose and lips, the whole world before and beneath him, the college faculty seated behind him in a semicircle, stiff and starched, like a band of unpainted negro minstrels, Brer. Bone at one end, Brer. Materia Medica at the other, right legs crossed over the lefts, Prince-Albert coats buttoned over manly bosoms, yet among them all, not one willing or courageous enough to deliver the Address on Behalf of the Faculty, which is therefore farmed out to some neighboring clergyman. Nay, go to, his thoughts are far from the wherewithal he shall be fed and clothed.

\* \*

OUR eyes have become wearied, and our ears shot through times out of number with the pictures and sing-song of the Infant Food man. We have food for the Invalid, food for the Consumptive, food for the Rachitic, food for the Convalescent, the old, the young, the healthy, the strong, the weak, the blind and all the other grades and forms of ailments real and imaginary. Our advertising pages are filled with the engraver's art depicting a pig churning its own stomach for the delectation of mankind ; of a sacred Durham bull ruminating on the best way to give his red blood corpuscles directly into the depreciated circulation of his friend and master, Man. We have all seen, in pictures, the

feathered biped, or human monstrosity, with wind-blown drapery, flying through the air, holding out her particular brand of Infant Food in an attitude that would be impossible for the laws of gravity in any but an immortal angel; we all know the cheerful smile which bathes the chubby face of the pink-toed, lace-clad baby of life-size given as a premium to dealers in this particular baby food. We have seen every form of health and disease portrayed in black and white, in rainbow colors, from the awfulness of the before-and-after cuts of A Victim of Youthful Folly as shown in the daily papers, down to the unfortunate gentleman who has had a Cæsarian section done on himself, and whose inwards are marked and held up by the signs of the zodiac in every almanac; but where, oh, where is there ever any reference to a Food for Doctors?

\* \* \*

A DESULTORY reading of our homœopathic exchanges for the past three months, when dealing with la grippe and its remedies, will tend to give some allopathic critic the opportunity of saying that the inconsistencies of prescription and practice shown in that admirable *Lycopodium* case published in *The Medical Advance* of a recent issue, are not the sole prerogatives of the Old-School. In one of our journals we read that *gelsemium*, *euphrasia* and *veratrum alb.* are the sovereign remedies in the grippe; in another that there is no finer remedy than *eupatorium perf.*; another heads the list with *bryonia*; *rhus tox.* has its ardent advocates; *sanicula* cries an audience; and even base-born *lac carinum* is a favorite with many others; until, as previously intimated, the peculiar incongruities of the Regulars are like to be laid at our own door. The trouble seems to be that there is too much prescribing for la grippe as a pathological entity, instead of a homœopathic prescription on the symptoms of the disease. Let us not longer lay ourselves open to this charge.

\* \* \*

THE homœopathic school of medicine has, of course, passed beyond the need of complimentary notices and fulsome encomia, in order to attract attention and commend itself to the notice of the public; but, yet, it is gratifying to read such masterly remarks concerning Homœopathy as were uttered by William Cullen Bryant away back in the dark ages of our school,—1842—when it meant a considerable loss of popularity if not a positive social and intellectual ostracism for the prominent man who gave even a tacit assent to the heresy. He is quoted as follows by the *Medical Current*:

"There is homœopathy, which is carrying all before it. Conversions are making every day. Within a twelvemonth the number of persons who employ homœopathic physicians has doubled; a homœopathic society has been established, and I have delivered an inaugural address before it—a defense of the system, which I am to repeat next week. The heathen rage terribly, but their rage availeth nothing."

\* \* \*

YEA, verily, the heathen raged terribly, and those there are with us to-day who are still threshing the old straw. Now cometh Mark Twain, and after burlesquing the old-school methods to the echo, sayeth (in *Harper's*):

"When you reflect that your own father had to take such medicines as the above, and that you would be taking them to-day yourself but for the introduction of homœopathy,

which forced the old-school doctor to stir around and learn something of a rational nature about his business, you may honestly feel grateful that homœopathy survived the attempts of the allopathists to destroy it, even though you may never employ any physician but an allopathist while you live."

The reading of "A Majestic Literary Fossil,"—being the title of the paper from which the above is excerpted—carries with it, to the close homœopathic journal readers, a striking similarity to the erudite papers occasionally dug out of the paleozoic period of medicine and presented in all their quaintness of speech and spelling by Dr. Samuel A. Jones. While Mark Twain nowhere directly takes up the cudgel for homœopathy, as Bryant did, still the inference is very plain that he knows whereof he writes, and if put to the test would shoulder his musket in the good cause. "The heathen rage terribly." This would make an excellent chapter in his latest book of a Yankee at the Court of King Arthur; it would be a pleasing foil for the burned pancake story of all the English Histories; and is a Roland for the Oliver of the hyphenated medical gentleman of the East who contributed a learned paper to the *Century* on Snakes, and betrayed his intimate knowledge of serpent venom by his use of it in a general magazine article, when referring to the homœopathic philosophy. "And the heathen raged terribly."

\* \*

THE *Southern Journal of Homœopathy* has gone to New Orleans, to Engelback & Co., who have purchased it from Dr. Clifford, and our good friend Dr. C. E. Fisher is once more at the editorial helm. Now let us have some of the old-fashioned ringing homœopathic talk for which the earlier numbers of the *Southern Journal* were so famous. It gives us pleasure to note, further, that Dr. Fisher, despite the liberties taken by the numerous cities in claiming him for a resident, has practically returned to his first love—Texas—where they raise cactus and homœopathy—and will run his journal from San Antonio. We need a good journal from the South, and shall await with interest the appearance of Dr. Fisher's first number, which we feel safe in assuring his and our readers will be no back-number edition.

\* \*

WE learn with much concern of the illness of President Sawyer, and of the possibility if not the probability of his absence from Waukesha. The recent circular issued over his name touching the coming Institute meeting gave earnest of his deep interest in the wellfare of the Institute, and it is our sincere wish that he may be so fully recovered from his present illness as to be able to preside during the sessions, even if no Annual Address is prepared. We are sure that the membership would excuse the absence of the President's Address if our worthy President can be present. The vice-president, we are informed, is in Europe, and not likely to return in time for the meeting.

\* \*

THE time for State Society meetings is rapidly drawing towards us. Brother Doctors, and Fellow-Members of State Societies and the American Institute of Homœopathy, rest a spell from your one-hundred-and-sixty cases a day; give the younger and poorer doctor around the corner a chance to pick up enough to pay his office rent;

take a good night's sleep in your own little trundle-bed which you have not touched for ten consecutive days ; get those dirty clothes off your body and take a good, wet bath, and feel like His Majesty, the King, Yourself. Delay no longer. Draft that State Society paper and send its title to the proper officer. Do not wait to be repeatedly prodded by the Secretary. It is your duty to yourself as well as to the profession that you record some of your experiences for the guidance of other less celebrated and less successful physicians. Remember, it is the individual papers that really contain the only record of medical progress ; text-books collate them later on. Put your best foot forward to-day, not to-morrow, nor next week, but NOW !

---

### OPEN COURT.

—DUAL CONSCIOUSNESS.—Under this caption Dr. Geo. H. Martin (San Francisco) read an unusually interesting paper to the Homœopathic Club of San Francisco, from which we clip the following :

"A Scotch gentleman, a lawyer by profession, suffered from hypochondriasis, and religious melancholia. Dr. Skae, who relates the case, says : He appeared to have a double consciousness, a two-fold existence ; one half of which he spent in the rational and intelligent discharge of his duties, and the other in a state of helpless hypochondriasis, amounting almost to complete aberration. He remembered nothing of what he did in the aberrant state of mind, and when in that state, remembered nothing of his good days. He was one day well, the next day sick. Dr. Skae states that Abercrombie related to him the history of a similar case.

"I have been thinking of late that the Whitechapel murderer may belong to one of the latter class of cases, of dual consciousness, and I will give you my reasons for so thinking. In the first place it hardly seems possible that a sane man could commit nine most brutal murders in rapid succession, two in one night, in a thickly populated portion of a large city, without being discovered. Second, a person suffering from any ordinary form of insanity could not well commit so many murders at stated intervals, without becoming violently maniacal, before he got half through, and thus revealing himself. An insane person may cunningly plan a horrible crime, using the utmost caution against being caught, even waiting months or years before executing his plan. He may kill one or more persons ; but it is all done up at once, for the moment he carries out his intentions, he breaks down completely, and becomes a raving maniac. But the man who is in an abnormal state of mind to-night, commits a crime, and is himself to-morrow, has no qualms of conscience, and no need of his avoiding his fellow-men ; so he goes about his business as usual, reads of the horrible atrocity in the papers, with no more than the usual feeling of horror that any of us would have, upon hearing of such a crime."

The Strange Case of Dr. Jekyll and Mr. Hyde is not so wild a reach of imagination after all.

—Now, Brer. Allen, as soon as you get comfortably settled at Hyde Park, do please call in that "Lycopodium" case ; or if not that,

at least give the Homœopathic readers another one as good. "Who are the Regulars?" has now completed its four hundred and eighteenth consecutive performance at the Hahnemann Opera House, and a great many of us would like to see something else put on the boards.

—Which we rise to remark that the March, 1890, issue of *The Medical and Surgical Record* (Omaha) is a superb number. "D. A. F." evidently knows how to wield his quill as well as his scalpel. Welcome, thrice welcome, to you, Brethren of the Northwest.

—The *New York World* has been doing a little investigating in the matter of births on Fifth Avenue (N. Y. City), and also in another less fashionable quarter of that city. The result shows one of two conditions, either the vitality of the Fifth Avenuers is at a painfully low ebb, or else—well, to borrow the idea and paraphrase the title of big-hearted, bald-headed, large-lunged Prof. Dowling's popular paper, and ask: "Is The American Womb Wearing Out?"

—The photo-engraving of Dr. H. M. Dayfoot, President of the Homœopathic Medical Society of New York, which faces the title-page of vol. xxiv., Annual Reports, to use a common newspaper expression, is of and by itself "worth the price of the subscription." He is as handsome as his homœopathy is genuine. Here's lookin' at yez!

—Quinine is King! is the new war-cry of the Old School in la grippe. And, truly, judging from the jubilant intonation of the undertaker as he softly croons this to himself, with a mouthful of silver-headed tacks, preparing a new casket, Quinine is King—of Death!

—THE HOMŒOPATHIC PHYSICIAN.—"My estimation of the true homœopathic physician is that he is one who believes in the law of cure *Similia similibus curantur*, as applicable in the treatment of the majority of curable diseases, and employs it whenever he can possibly do so, but he is also one who knows that certain diseases are incurable; that many are occasioned by mechanical causes; that others arise from chemical sources; that bacilli form the basis of many others, and who, acknowledging that the highest aim of the physician is the cure of the sick, avails himself of every known means that the science of this latter end of the nineteenth century offers for this purpose, and uses them, if in his judgment they are necessary for the welfare of his patient. Shall a man, suffering from the excruciating pain of urinary calculus, or the exhaustion of Bright's disease; or a woman dying in the agonies of advanced cancer, or sinking with the hectic and sweats of prolonged phthisis, be deprived of any or all the means of palliation, because the medical attendant chances to be a homœopathic physician? The diseases are incurable under any treatment; the finger of death is already pointing to the inevitable beyond as if mocking the vaunted power of the medical profession, while the patient cries aloud for relief; shall the physician bend all his efforts to the relief of such sufferings as these, irrespective of creed, or shall he outrage humanity and prostitute the very essence of his calling, if homœopathic remedies fail,

which they often do in such cases, by allowing such suffering to go on unchecked until death closes the scene?"—*W. Tod Helmuth, M.D., in Chironian.*

Does this mean that homœopathic remedies properly selected and administered will not alleviate the pain of an incurable disease?

—The Women's Homœopathic Hospital of Pennsylvania (Phila.) seems to have had some painful experiences, to judge from a report published in the *Homœopathic Physician* for Feb. 1890. The recasting of the officers and physicians for the current year leaves out several names of eminent and sub-eminent practitioners of former régimes, without whose counsel and services, we had been led to believe, the success not only of the hospital, but of the homœopathic profession, would be seriously crippled, if not destroyed. Vanity, vanity, all is vanity! The declaration of principles is ultra-homœopathic. Now let us have true homœopathic worship at this shrine, and forever do away with hero-worship. Heroes that are not dead are not always safe to swear by. Success to the Women's Homœopathic Hospital of Pennsylvania!

—After reading through a paper on Therapeutics of After-Pains in the *N. W. Journal of Hom.*, filled with many good general points but deficient in homœopathic therapeutics, it is pleasant to read Dr. Cowperthwaites "Discussion" (the paper was presented and read before the Hahnemann Medical Association of Iowa):

"I do not believe in the indiscriminate use of hot-water injections after confinement, and never use them except to check hæmorrhage,—certainly never to relieve after-pains, although I can see how they might in some cases prove beneficial. The danger is too great for the amount of benefit to be obtained. I believe in using remedies, which often afford relief. Bell. and gels. are the chief remedies. Vib. op. and cim. are also valuable. There may be nervous symptoms calling for either cham. or coffea and one of these remedies give prompt relief, but they should never be given in alternation. You can't get both of these remedies indicated in the same case. There is too much alternation being done. It has become a matter of habit with a great many physicians, and it is a very bad and unscientific habit."

That rings clear and true, Brer. Cowperthwaite, like that other little speech you made in the Institute once upon a time at Saratoga, when diphtheria was being discussed. Do you remember it?

—ACCOUCHMENT SHEET.—Quite recently I have used, instead of the tarred paper, an "accouchment sheet," made of a new preparation called "wood wool." This "wood wool" is something new, but it has been used extensively for two years past, in England and upon the Continent, in lying-in institutions. It has recently been imported into our country, and is now kept in stock at our best pharmacies. It comes in the form of a sheet large enough to cover the confinement bed; it is as soft as wool and about the thickness of two comforts, so

that it will completely absorb all the discharges. It comes antiseptically prepared (by corrosive sublimate), and is withal inexpensive, costing only about \$1.20.—*Dr. T. G. Comstock in Med. Era.*

—SAW PALMETTO AND THE GENITO-URINARY ORGANS.—The fluid extract of the saw palmetto (*Pacific Record of Med. and Surg.*) has a special action upon the glands of the reproductive organs (mammæ, ovaries, prostate, testes, etc.). It increases their activity, promotes their secreting faculty, and adds greatly to their size. It is specially indicated in all cases of wasting of the testes, such as follows varicocele, or is induced by masturbation, or which is often present in sexual impotency. In gynecological practice it is much used to promote the growth of the mammæ, and in uterine atrophy, dependent upon ovarian blight, its action is unexcelled. It is upon the prostate gland that this remedy exercises its best effects. Out of every ten men nine have enlarged prostate and one has atrophy of the same, at ages varying from thirty-one to seventy-five, the result either of indiscretion, or excess, or perversion of the sexual act, or sedentary habits, or from improperly cured gonorrhœa.

[This seems to be a valuable remedy. What do we know of it homœopathically?]

—The leading homœopathic medical journal says that "as Hahnemann was responsible for the names (homœopathic and allopathic) which have divided the profession into sects, it would be proper for his followers and representatives to withdraw them if there is no occasion for their further perpetuation. [The regular profession has never accepted the label which Hahnemann prepared for it, and no doubt they would be pleased to have the homœopaths and their worshipers withdraw the opprobrious title.]—*Am. Pract. and News.*

## PICRIC ACID AND RHUS TOX.—CLINICAL CASES.

BY E. G. GRAHN, M.D.

SOME time during March, 1886, a young married man came to me stating that he believed he was "rather too amorous for any use," and that the sexual desire was getting the best of him. Erections would occur very frequently in spite of his efforts to control them, and having a proper regard for his wife's feelings he thought it best to do something to keep himself within the bounds of a reasonable sexual gratification.

He stated that he was nervous at times, and more than this I could not get in the way of special symptoms. No doubt he considered the "satyriasis" special enough.

I prescribed picric acid 3x in dilution, several doses daily, and if the



nervous symptoms continued he was to take conium maculatum 2 on pellets on alternate days. This he told me some few weeks later he was compelled to do, and with quite gratifying results, as the remedies began to affect him pleasantly in less than a week. During the following April I gave him more of picric acid, as he was not quite satisfied with his condition. This however "fixed him about right." In the month of February, 1887, I attended his wife in her first confinement.

Some four or five days after this event, he came stating that his former trouble had returned with renewed vigor, that every time he would lie down on the bed near his wife, he would experience the most violent erections—so much so that he scarcely knew what to do with himself. He wanted more of the remedy, which I gave him again in 3x, as it had done so well in the first place.

He came again in a few days stating that he was worse than ever, and evidently under the impression that I had given him the wrong remedy. Believing it to be a medicinal aggravation, I gave him the 6x, the highest I had, and this settled the matter almost at once, so that he was not troubled with erections, and felt much the better for it. I have not had a similiar condition to prescribe for since then, but will try the 30th or 200th next time.

CASE II.—An old lady, aged over seventy years, had been troubled for a good many years with quite frequent attacks of erysipelas, appearing on the forehead, nose, and about the eyes, for which the usual regular treatment had been used, and in spite of which the disease would get very severe and last for weeks.

She came to me on July 14, 1888, and as I looked at the reddened skin of the affected parts it seemed as though little blisters would soon make their appearance, which had been the case on other occasions.

No other prominent symptoms presenting, the statement respecting the little blisters induced me to give her three powders of rhus tox. 200, one to be taken as soon as she arrived home (it was evening), and the other two during the next day if there was no improvement in the morning.

On the 16th she returned stating that she had taken the powders, that there was less itching and burning, and that the little blisters had not appeared.

I gave her three more powders of rhus 200 and twelve of sacch. actis.

In a few days the trouble was over, and she remarked that she had never been helped more quickly and nicely.

NORTH VERNON, IND.

## RHEUMATISM: AN AGGRAVATED CASE OF FOUR YEARS' STANDING.

BY J. L. CARDOZO, M.D.

MR. PH. H—, æt. thirty-nine; married; father of several children; slim; medium height; came to the clinic on January 29 1883, at the instigation of some friends. He did not believe that anything could be done for him. He was so informed by several physicians, and therefore would only reluctantly submit to treatment. The history of the case was this. He was a coachman by occupation; and one day—a wet day—he was in a stooping position holding a horse's leg while it was shod. The horse (or mule) drew its leg back with a jerk and our patient felt a pain in his hip-bone as from a sprain. In a few days the pain grew worse. All kinds of liniments were tried, but of no avail. Then he called in a physician (allop.) who pronounced it an inflammation of the hip-joint and treated him accordingly for some time. He grew daily worse, and the knee became also affected. He then went to a hospital where the same diagnosis was given; and after several months of heroic (scientific!) treatment he was sent home with a broken down constitution and a stiff hip-joint (ankylosis) and a permanently flexed knee.

In that condition, supported by a crutch and a stout cane, he came to me at the clinic. A thorough examination of the parts failed to reveal—to my mind at least—the symptoms of such an inflammation having ever taken place. Moreover, why was the knee also affected a long time afterward? I began to examine him more closely, and got the following particulars: He had some rheumatoid feelings going from one hip to the other. Sometimes, in fine, *dry* weather, pains entirely gone. He always could tell, twenty-four hours ahead, that storm or rain would come. On such wet days, he had to keep his bed and was in an agony of pain. But even then, he could not lie quiet. He was always *worse when at rest*. His appetite was good, bowels costive. He was an immoderate smoker and chewer of tobacco. He had, of course, abandoned his occupation, and believed himself a cripple for life. Taking all this together, I discarded the idea of ankylosis of the hip-joint and thought it was an aggravated case of rheumatism, accompanied by stiffness (paralysis?) of the joints, and that rhus tox. was the remedy. Although this condition had lasted *four years*, I had still confidence in the efficiency of our homœopathic remedies, and prescribed rhus tox. 3, three times a day.

One week later his knee was no longer stiff. He could leave his cane at home. Continued rhus t. and gave a few doses agaricus 200 (a dose at night) as an antidote for the tobacco habit. Two weeks more, and he did away with the crutch as no longer needed; the support of a walking-cane was sufficient. Another week or so, and he could walk

straight. He slept better and felt better than he had done for years. It took in all about three months before he was discharged as entirely cured. Rhus tox. was the leading medicine. It was given for a few days, then followed for a week by placebos, when rhus was resumed. Occasionally a dose of sulphur was given and now and then nux v. for constipation. He resumed his former occupation, could drive the horses or wash his carriages in rain or shine, was only occasionally a weather prophet, and enjoyed life once again. I have known him for two years afterward, but there was no return of the stiffness or the violent pains of the rheumatism. Occasionally he would have some rheumatoid pains from a cold, at times when lots of other people would suffer with the same complaint.

BROOKLYN, N. Y.

[By the Editor.—This excellent case suggests the addition of an experience had by ourself a few months-since. Lewis Pierce, aged about fifty-two, living twelve miles north, one Sunday morning was driven to our door, and with the assistance of two crutches and his athletic son was conducted into our office. Mr. Pierce was rather skeptical concerning "granulated sugar," although our practice in his neighborhood had caused him to come and see what there was in the powders. He was of more than average intelligence, and we permitted him to state his case in his tentative fashion, it being frequently foot-noted with, "Of course I have no money to throw away, and I have doctored with all our doctors [allopathic], and I have taken all the rheumatism remedies that I could hear of or the neighbors suggest or brought in. I am anxious to be cured; and if you think you can give me *some* relief—I am not expecting a cure, it's been running now for a number of years—why, I am willing to give you a chance." Then there would follow a number of symptoms, with further foot-notes. It was a rhus tox. "chestnut," and it would be a more than a "twice-told tale" to burden this addendum with the narration of the symptoms. In order to put his faith to the supremest tension we gave him but four powders containing rhus tox. 1000, B. & T., with directions to take one at bedtime dry on the tongue, and one each night provided the pains continued; but to stop in the morning if better. On the following Tuesday he was to come to a certain house where we would be visiting, and he was not to bring his crutches. The monetary pittance was doled out to us ungraciously, and he got back into his buggy anathematizing us mentally, we did not doubt, for his foolhardiness in traveling twelve miles on such errand.

On the following Tuesday when we reached our mutual-friend-patient, we also found Mr. P. there, and *without his crutches*. He used a cane simply for a possible support. The moral of this here story is that the 1000th will give ease and cure in our hands as quickly as the 3x did with Dr. Cardozo. If there be any other moral concealed it may be found in the aphorism of Dr. H. C. Allen: "First fit your remedy to your symptoms: the potency is a minor essential," or words to that effect.]

SOME THOUGHTS ON THE FIRST VOLUME OF THE CHRONIC DISEASES.

No. VII.

BY S. LILIENTHAL, M.D.

PAGE 161 Hahnemann teaches : "The same remedy may be given a second time, when the improvement which the first dose has produced, by causing the morbid symptoms gradually to become less frequent and less intense, ceases to continue after the lapse of fourteen, ten, or seven days : when it becomes evident that the medicine has ceased to act, *the condition of the mind is the same as before*, and no new or troublesome symptoms have made their appearance. All this would show that the same remedy is again indicated.

This is only an explanation, if I might say so, of a preceding rule where he says : If any given dose of a remedy should produce symptoms which are not homogeneous to the symptoms of the disease, and *if the mind of the patient should become more and more depressed*, though the progressive decrease of the depression may be very gradual, then the next dose of the same remedy may become very prejudicial to the patient.

We see in both these propositions what great stress Hahnemann laid on the mental symptoms ; and not only in these chronic diseases but even in acute maladies, we ought to differentiate far more strictly than is usually done, in relation to the mind, and in the totality of a case the mental symptoms ought to take first rank, being of the greatest importance in the selection of the remedy. Mind gives us more than anything else the individuality of the patient, this is at least my experience, and there is certainly no better sign of improvement than when the patient becomes like himself again, and no better criterion to stop all medication, be it acute or chronic disease, for the *vis medicatrix naturæ* will then be perfectly able to remove the débris and to restore the normal state.

When Hahnemann teaches on the same page, "To secure the second dose a stronger action on the disease, it would be expedient to exhibit the same remedy in a lower potency, the dose being of the same magnitude"—he will find a good many opponents even among the purists, as some of them rather prefer to go constantly higher, but never descend to a lower grade. Who is right, when experiences clash ? Let there be light on these vexed questions, and we need it here far more than in explaining the Organon, for we deal here with practical questions.

Our alternating friends may not find much consolation in the words of Hempel when he translates interpolation with alternation. Hahnemann means that we may find it necessary to interpolate one or more

doses of Hepar sulphur, or a dose of Nux vomica 30th, or Mercury 30th, but this does not mean alternation in the common sense of the word ; and still "every one of you alternates," said Dudgeon to the members of the British Homœopathic Society. It is a growing evil, very hard to eradicate, for it finds strong adherents and defenders among faithful followers of the Law. They rely upon their experience and their successes, and their high standing in the profession forbids to consider them as quacks ; to all of which we may fully agree and still feel disconsolate, for Homœopathy is the loser by every alternation, and the verification of symptoms, their clinical aspect, retarded. For our own benefit let us restrict alternation only to such cases where our limited knowledge of Materia Medica may be blamed for the use of two or three remedies at short intervals in acute diseases. In chronic cases there is certainly no excuse for it. Go home and study up your case to the best of your poor abilities. Try, try again, and if at first you don't succeed, try, try again, and it is astonishing how such repeated trials engender love to such studies, and the oftener one tries, the more success will crown such efforts. It is time well applied, and will make you a better prescriber at least, if not at the same time also a better physician.

SAN FRANCISCO, CAL.

## STROPHANTHUS IN UTERINE HÆMORRHAGE AND OTHER DISEASES.

BY E. M. HALE, M.D.

**I**N strophanthus we have one more drug that can be added to the small number that in any degree control the discharge of the blood from the uterus. In properly selected cases it has a decided influence to stop and control uterine hæmorrhage. The cases are such as have been debilitated from long-continued and profuse menstruation, or from loss of blood at other than menstrual periods where the uterus is heavily congested, a condition common to these patients. In these it acts well. In the treatment of these cases it is essentially important that they be made to lie down or be put to bed to rest, for the best results are not attainable when the woman is allowed to be about.

I think strophanthus acts through its influence on the general circulation, which is that of a heart stimulant or tonic. Through this action on the feeble circulation, found in these cases, blood stasis and local congestions are removed. It is best administered in the form of a tincture or of powdered seed. Of the tincture (strength 1 to 20) 5 to 6 drops can be given every six hours. Of the powder,  $\frac{1}{4}$  to  $\frac{1}{2}$  grain, at the same intervals, though I have given as much as one grain with satisfactory results. Tablets of 2 gts. each are very useful. The tinc-

ture is a useful drug in childhood, but should not be prescribed until after the fifth year. Its administration very rarely causes dyspeptic symptoms. Larger doses than three drops four or five times a day should be avoided on account of the possibility of its producing a sudden and unexpected paralyzing effect on the muscles of the heart, as has been found by pharmacological experiments, (1 to 5 drops of the 1x dil. is safe under five years).

The predominating effect of strophanthus is increased secretion of urine, and, as a consequence thereof, a decrease of dropsical effusions. This result is produced, principally, by an increased arterial tension, as shown in diseases of the mitral valves, without, however, having the same prompt compensating effect as is obtained by the use of digitalis. In diseases in which there exist an increased, or even a normal arterial tension, the diuretic effect of strophanthus is not produced.

Strophanthus often relieves dyspnœa very promptly. This seems to be due to some influence of the drug on the nerve centers. This action has especially been noticed in cases of chronic nephritis, but also in other affections, such as bronchial asthma, and angina pectoris. This effect is probably dependent on the increased blood pressure produced by the drug.

Though the action of strophanthus and digitalis in many respects is identical, each of these drugs possesses individual therapeutical properties. In cases in which rapid compensation of the diseased heart in valvular affections, and prompt increase of arterial tension with marked slowness of the pulse, and increase of the urinary secretion is desired, digitalis is, undoubtedly, the drug to be first employed, and if it fails to have the expected effect, we will hardly have better success with strophanthus. But when, by the use of digitalis, for instance, the valvular affections has been compensated, and we then desire, after exhausting the effect of digitalis, to increase diuresis by further acting on the heart, and stimulating blood pressure, especially when dyspnœa forms a prominent symptom of the disease, then we are often enabled to obtain very satisfactory results by the use of strophanthus.

In such cases, however, it is advisable to combine the two drugs, as recommended by Hochhaus and Fraenkel.

The long continued administration of strophanthus never produced any cumulative effect, nor did its action become less powerful by the patients becoming accustomed to the drug.

---

Since the above was written, I have used strophanthus in a notable case of menorrhagia, with the best results Mrs. W. H. S., aged forty-eight; had Basedow's disease. Heart's action violent and rapid; pulse 130; no valvular lesion; turgescence and swelling of the thyroid gland—but no protrusion of eyeballs. Disposition excitable and

irascible. Each menstrual period the flow was very profuse, with aggravation of all the symptoms. After using lycopus, digitalis, and other remedies with no permanent good results, she was given strophanthus tincture (Burrough's) 5 drops three times a day, beginning two weeks before the menstrual period. The next menses were normal in quantity (rather less than normal, she said), and all the symptoms were improved. The remedy was continued through the next month, with great improvement in all the symptoms, and she is more comfortable than for years.

CHICAGO, ILL.

---

---

### THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

BY C. E. FISHER, M.D.

THE January issue of the *AMERICAN HOMŒOPATHIST* deals very liberally in the matter of editorial space with the Southern Association, but, if I may say so good-naturedly, very narrowly in policy and sentiment.

The writer thereof seems to have a "bloody shirt" on, as it were—a kind of Sherman-Ingalls garment—and the ghost of a medical secession with Mason and Dixon's line as a northern boundary seems to haunt him in his editorial dreamings. Pleasantly, may I ask what is the matter with him any way? Let me analyze his editorial utterances concerning our association, for his benefit and that of your readers, explaining a little as we go along, and, perhaps, he'll rest better o' nights.

He says "We are not quite clear, however, as to the utility of a rival national organization." Why, bless his soul! no one has ever thought of the Southern Association as a rival of the American Institute. Such a thought would only bring ridicule on the entertainer of it. Twelve thousand physicians in the North against five hundred in the South! What a powerful "rival" we would be, wouldn't we? And a "National" rival is worse yet. Our very name implies sectionalism in geography. As has been repeatedly spoken through the journals, talked from the rostrum, and printed in our pronouncements, the Southern Association is in no sense a rival of the American Institute, nor a deflection therefrom. We are a true and loyal daughter and hope to be a veritable handmaid of the parent body to which we all owe allegiance. This has been said and written so often by those who organized and have fostered the Southern Association that it is a matter of surprise that any one, especially an editor, should require to have attention called to it.

The *HOMŒOPATHIST* suggests that "Perhaps this Association is the

out-growth of some disregarded protest in the Institute." Not a bit of it. Immediately after our organization was effected, the Southern Association reported to the American Institute, at its St. Louis meeting, through the person of its then president, the writer, which report was concurred in and seconded by Drs. Orme and Dake, two truly loyally American Institute men, after which, the mother body, upon motion of Dr. O. S. Runnells, warmly welcomed us to fellowship with her. Does this look like "disregarded protest," secession, or anything of that sort?

The editor also says "We are left at sea as to any reason for the existence of the Association, save that it is Southern, that the colleges and journals are all Northern, and that, hence, there ought to be some society typical of Southern Homœopathy." He struck it all wrong on the first clause of the foregoing quotation, but all right on the last. The Association is "Southern" only in geography. Three, and I am not sure but four, of the six men who have occupied the presidential chair to date, are of the "grand old party" in politics. Only one native Southerner has as yet held the office. But we don't know any such thoughts in our Association and are not going to know them. We are "hustling Homœopaths" bent on sowing the seed of *Similia* in the sparsely settled territory in which we are located, and are banded together for the purpose of better and more rapidly furthering this work, and at the same time improving ourselves in the profession and enjoying each fall a few days of recreation and refreshment. In the North with twelve thousand homœopaths the profession can have state societies, county societies, city clubs, etc. In the South with our five hundred homœopaths, located over fourteen States, we haven't enough men for many such luxuries, so we have organized our big state society—a territorial Association if you will—and we call it Southern simply because the name suits the territory to which it belongs and in which it operates.

The intimation that we trade upon our name, if put down in earnest, is unjust to us. If to call a body a "Southern" Association is trading on the name with the Southern people, what crime is the Institute guilty of in styling itself "American" before the American people?

When we go to our Southern Association meetings we leave all our sectional and political clothes at home. Let me suggest that the editor of the HOMŒOPATHIST do likewise, and come down to Birmingham in November, right in the heart of the enemy's country, and he will soon admit that there are good and substantial reasons for the existence of the Southern Association, and that it is doing good and faithful work for Homœopathy in its section of our common country.

SAN ANTONIO, TEX.



## RÉSUMÉ OF THE SYMPTOMS OF EACH OF THE OCULAR PARALYSES TAKEN SEPARATELY.

Translated from the French, with Notes and Additions, by H. H. CRIPPEN, M.D.

(Continued from page 103.)

- I. { Paralysis of the motor oculi externus.—VIth pair.  
Paralysis of the rectus externus.

(a) Deviation of the optic axis inwards. (b) Diminution or abolition of the outward movements of the globe. (c) Secondary deviation of the sound eye inwards. Homonymous diplopia. Images horizontal and parallel. (e) Compensatory direction of the head, to the side of the paralyzed muscle.

- |      |  |   |                           |
|------|--|---|---------------------------|
| 2. { | Paralysis of the motor oculi communis.—IIIrd pair. | { | Internal rectus.          |
|      | Paralysis of the muscles .....                     |   | Superior rectus.          |
|      |  |   | Inferior rectus.          |
|      |  |   | Inferior oblique.         |
|      |  |   | Levator palp. superioris. |
|      |  |   | Sphincter iridis.         |

(Before giving the signs of complete paralysis we indicate the modality of the symptoms, occurring when one or the other of these muscles is separately paralyzed. In practice the paralysis of the IIIrd pair may present itself thus, more or less completely dissociated.)

(A) *Paralysis of the internal rectus.*—(a) Deviation directed outwards. (b) Diminution of the inward movements. (c) Secondary deviation outwards. (d) Crossed diplopia. Images horizontal and parallel. (e) The face is turned toward the paralyzed muscle.

(B) *Paralysis of the superior rectus.*—(a) Deviation downwards. (b) Diminution of upward movements. (c) Upward secondary deviation of the healthy eye. (d) Diplopia vertical. Images one above the other. (e) Compensatory movement of the head, upwards. [In this isolated paralysis, as well as in the following, there are some accessory characters, neglected in practice, which are not here indicated, as, for example, in the case of paralysis of the superior rectus the faulty deviation of the globe takes a direction downwards and a *little* outwards, from a slight abductive action of the inferior rectus. The double images will then incline slightly toward each other.

(C) *Paralysis of the inferior rectus.*—(a) Upward deviation. (b) Diminution of the downward movements. (c) Secondary deviation downwards. (d) Vertical diplopia. Images one above the other. (e) The child bows the head slightly.

(D) *Paralysis of the inferior oblique.* (a) Deviation downwards and inwards. (b) Diminution of upward and outward movements. (c) Secondary deviation upwards and inwards. (d) Homonymous diplopia. Images one above the other. (e) Direction of the head, upwards and a little to the unaffected side.

*Complete paralysis of the III<sup>d</sup> pair.*—(a) Falling of the lid, more or less complete, due to paralysis of the levator [sometimes the paralytic ptosis excludes the eye from vision and thus suppresses the diplopia in some patients]. (b) Deviation outwards and slightly downwards. (c) Diminution of the movements of the eye, inwards, upwards, below, and in all immediate directions. (d) Crossed diplopia. (e) Compensatory direction of the head, which inclines toward the healthy side and is slightly raised. At the same time we observe a dilatation and an immobility of the pupil due to paralysis of the sphincter of the iris. Most patients lose the power of near vision, for the same reason and by paresis of the accommodation.

*Incomplete paralysis of the III<sup>d</sup> pair.*—Paralysis of the third pair of nerves may be incomplete and so difficult to diagnose in certain cases that we hesitate to pronounce between an amblyopia or a muscular paralysis. When ptosis is wanting, when the iris contracts normally and we have sometimes only a little hesitation, a marked difficulty in the movements of the internal rectus, diplopia is then little noticed, being produced only when looking inwards, and the little patient, especially if he is not quick in appreciating sensation, sees with *difficulty* but not *double*. Here the employment of the colored glass, by immediately analyzing in an indubitable manner the form of diplopia, will permit of annulling all causes of error.

- 3 { Paralysis of the patheticus.—IV<sup>th</sup> pair.  
     { Paralysis of the superior oblique.

(a) Deviation upwards and inwards. (b) Secondary deviation downwards and inwards. (c) Diplopia in looking downwards. Images homonymous and one above the other. (d) Compensatory direction of the head downwards and to the healthy side.

#### ETIOLOGY OF OCULAR PARALYSES.

The etiology of ocular paralysis is of very important consideration, in order to give if possible an efficacious and rational direction to the medical treatment, and especially to be able to give a prognosis. This latter depends at the same time on the local disease and on the general affection which has caused the paralysis. Like all authors, we will divide the causes of paralysis into three classes, according to their origin :

1. *Lesions of the central nervous system.*
2. *Lesions of the peripheral portions of the nerves.*
3. *General causes*, not having their seat particularly localized in the nerves, nor in the encephalic organs.
  1. *Central lesions.*—It will be understood that the encephalic lesion may be located either at the precise point of origin of the nerve or in the nerve fibres while traversing the interior of the cranium. It will be understood also that a distant lesion may act either by irritation or by compression pure and simple.

*Cerebral hyperæmia* or *anæmia* can thus be the direct origin of ocular paralysis, but these same different states, as an encephalic focus, are likewise more often caused by the presence of organic lesions more serious, and which directly, or acting at a distance, occasion the development of paralysis : such are cerebral tumors, meningeal hæmorrhages, of which we know in addition the general symptomatology and the frequency of occurrence among children. *Meningites* of various kinds, which are so frequently to be feared in childhood, comprise ocular deviations among their principal symptoms. Here it is often difficult to say whether the deviation is caused by a paralysis or by a contracture, but the clinical fact of the ocular deviation is not the less important to recognize for the establishment of prognosis. *Cerebral atrophy* is accompanied by various ocular paralyzes ; this is the same in *partial encephalic sclerosis* in its later stages.

*Ocular paralysis of traumatic origin* may be due to many causes. It may be due to a consecutive encephalitis following traumatism or be due directly to the same. In the absence of other symptoms of encephalitis we should only consider it due to a direct lesion ; for the same reason it will be possible sometimes to first affirm the existence of a material lesion of the osseous covering of the brain, and in the second place to foresee from the kind of paralysis the exact seat of the lesion.

Thus it is that clinical observation of many patients attacked by paralysis of the VIth pair after a cephalic traumatism, without consecutive meningitis, that also anatomical observation of the direct passage of the motor oculi externus over the point of the crest of the temporal bone led M. le Pr. Panas to the deduction, as ingenious as it is rational, that all cerebral commotion, without encephalitis, followed by ocular deviation inwards should be considered in reality due to a fracture of the petrous portion of the temporal with lesion of the six pair of nerves. Thus is clearly presented one of the questions of the etiology of ocular paralyzes, and in this case the same deduction permits the affirmation of the existence of a fracture of the base of the skull, which without the symptom of paralysis of the externus rectus would remain unrecognized.

2. *Peripheral lesions*.—The same causes (inflammations, exudations, neoplasms, traumatisms) which we have enumerated of central lesions may act equally on the nerves of the orbit while they are yet contained in the cranial cavity ; and, more, these nerves can be (and are more frequently) compromised by tumors, wounded by direct traumatism in the interior of the orbital cavity. Finally at the passage of the orbital nerves through the sphenoidal fissure we can localize the lesions which are ranged under the name of *rheumatic paralyzes*.

3. *General causes*.—We will only mention syphilis as a reminder ; for if acquired syphilis is a frequent cause of ocular paralysis among

adults (by the process of central gummata or of peripheral syphilitic neuritis), hereditary syphilis, which is the ordinary form of that malady in children, very rarely gives rise to these paralyses. In short, every time that one suspects in a child the existence of acquired syphilis (from the breast or otherwise), one should think of this possible cause of ocular paralyses.

*Diphtheria*, which impresses so frequently all the other muscles of the economy, willingly respects the extrinsic muscles of the eye. This affection, however, has rendered manifest a hypermetropic convergent strabismus that remained latent up to that time. (Eulenburg, de Graefe).

*The exanthematic fevers* and *typhoid fever* comprise ocular paralyses among their late manifestations.

---

## INFLUENZA OR LA GRIPPE IN MINNESOTA—ESPECIALLY ST. PAUL.

BY E. WALTHER, M.D.

THE first cases of this epidemic came under my observation about the last week of December, 1889—in fact, I myself became a very early victim. I have treated about 150 cases within five weeks, or about, during the time the epidemic lasted.

In all cases under my observation invasion has been very sudden ; often within a half-hour from the time of enjoying the usual state of health the victim was stricken ; commencing generally with a chill, more or less pronounced, of shorter or longer duration, followed by fever of a remittant type, alternating in many instances with sudden shivering on the slightest exposure. Temperature varying from  $101^{\circ}$  to  $104^{\circ}$ . In all cases I found very severe backache, of a broken-into character, with pain and aching in "all the joints," especially the knees, often sore and very tender to the touch ; soreness and bruised feeling of all the muscular tissue, aggravated on motion and contact ; severe headache in the frontal region, over the eyes and in the occiput, throbbing and beating, with more or less vertigo, tinnitus aurium, dimness of sight, and confused feeling ; during the fever—exacerbation heightened to delirium. In some cases, insomnia, in other cases, and more frequent amongst children, drowsiness and stupor. The headache in many cases assumed a neuralgic form of the type of supra-orbital neuralgia, and so severe, that a few patients rather wanted to die or to commit suicide, than to endure such suffering. Only in a few cases I found very marked nasal and conjunctival inflammation, with sneezing and copious watery discharge from eyes and nose, very severe ; in those cases the conjunctiva became echymosed. The pharyngeal and laryngeal symptoms showed all stages of variation from hyperæmia to inflam-

mation, enlargement of the tonsils, and swelling of the submaxillary glands, with more or less difficult deglutition. Four cases were complicated with otitis. Tinnitus was present in most all adult cases. Huskiness of voice general; complete aphonia in a few cases. The cough has been dry, shrill, and painful, with a feeling as if the cranium should split open; in other cases severe pain and soreness and rawness of the chest, with tightness and oppression in breathing. Tongue coated in all possible shades, white, yellowish, flabby, showing the imprints of the teeth and in some cases a red dry streak in the center, tip decidedly dry. In a few cases nausea and vomiting accompanied the suffering; want of appetite in all cases. Thirst more or less pronounced; water generally tasted bad. Diarrhœa I met only in a few cases. Constipation was generally present. Urine scant, high-colored, with burning and scalding on the orifice of urethra. But prostration in all cases has been very marked, in many cases with profound helplessness.

In my experience about 90 per cent. of the victims of la grippe belong to the stronger sex, mostly men not accustomed to be sick, and it has been highly interesting to observe the different variations of temper—from gloominess to all stages of irritability and rascality.

In children under six years, I frequently observed croupy symptoms; in older children tonsillitis with a cancerous deposit on the tonsils; in a few cases an aphthous affection of the buccal cavity and tongue; in three cases of young men acute bronchitis; in two middle-aged patients bronchitis capillaris: in seven older, about fifty years and more, pneumonia,—one æt. seventy-nine succumbing to the latter disease.

The female patients had a much easier time; these cases were less complicated, less severe, and recovered much quicker.

My treatment, when I was called early, consisted in putting my patient to bed; giving hot lemonade or hot flaxseed tea, favoring a copious perspiration, and in many instances I had the satisfaction of a rapid recovery. Gels. and eupat. were my favorite prescription, and with the most gratifying results, especially for the bone ache; cepa. in well-pronounced sneezing and copious "watery" discharge from the nose, with brilliant effect. Euphrasia in similar affections of the conjunctiva and copious laryngitis; bellad. in pharyngeal inflammation, and merc. sol. in cancerous and aphthous complications; hepar and spongia with croupy symptoms; caustican in dry cough with soreness in the chest; rhus in neglected cases with dry glossy tongue; phosphor and bryonia in bronchial and pulmonary complications; tartar ant. in capillary bronchitis. Hyoscyanus in delirium; lactuca in remaining spasmodic cough; nux in cough with feeling as if the head should split. Phosph. acid. in night-sweat, when recovery was slow and prostration very marked, also chim.

NO. 203 EIGHT STREET, ST. PAUL, MINN.

## THE INSTITUTE SESSION OF 1890.

AS already announced by circular to the members of the American Institute of Homœopathy, the next annual session of this body will be held at the "Fountain Spring House," Waukesha, Wisconsin, commencing 7.30 P.M., on Monday, June 16, and closing on Friday, June 20, 1890.

Waukesha, "the Saratoga of the West," famous for its "Bethesda," "Silurian," "Fountain," "Clysmic," and other mineral springs, is a town of 6000 inhabitants, situated about 100 miles north of Chicago and 20 miles west of Milwaukee, and directly on important lines of railroad. The hotel in which the session will be held is an immense stone and brick structure, capable of accommodating 800 guests, and furnished with all modern conveniences. It is situated in a beautiful park of 155 acres, laid out with drives, shaded walks, flower gardens, etc., while the town itself presents numerous attractions to visitors in search of either health or pleasure.

The Local Committee of Arrangements is making provision for the comfort and enjoyment of those who may attend the session, such as to render the occasion one of the most memorable in the Institute's history.

Under the new rule the bureaus will present a far greater variety of subjects for discussion than heretofore, and the papers will embrace more of the observation and experience of their writers. Important subjects of professional interest will be introduced and acted upon, and interesting reports will be presented by several committees.

Any paper, after being presented at the session, may be published in the journals at the discretion of its writer. With a view to such outside publication, writers are especially requested to have their papers prepared *in duplicate*.

Officers of homœopathic societies and institutions are urged to make prompt reports (on blanks which will shortly be sent to them) to the Bureau of Organization, Registration and Statistics. All hospitals and dispensaries, so reporting, will receive a pamphlet copy of the entire Statistical Report of the Institute.

It is desirable that the Institute should receive, this year, another large accession to its membership, particularly from the West and Northwest, in order to secure a more equal apportionment of its membership as between the East and West, and to augment the influence of our school in shaping legislation and defending the equal rights of homœopaths in public institutions, appointments, etc. It has been suggested that each state and local society should provide for a complete canvass of its membership in order to secure for itself a larger representation in the membership of the National society. The initiation fee is \$2; annual dues, \$5, entitling the members to the annual volume of Transactions. Blank applications for membership can be obtained of the undersigned.

The Annual Circular, giving full details of the session, the programme, railroad fares, hotel rates, etc., will be issued in May. Any physician failing to receive a copy by May 25 can obtain it on application to

PEMBERTON DUDLEY,  
*General Secretary.*

Southwest corner Fifteenth and  
Master Streets, PHILADELPHIA.

## BOOK NOTICES.

**RUDDOCK'S FAMILY DOCTOR.** By E. H. RUDDOCK, M.D. With notes and additional chapters by J. E. GROSS, M.D. Chicago : Gross & Delbridge. 1889.

To recite for the benefit of our readers all the manifest advantages that will accrue by purchasing and reading this new edition of a familiar work, would add but a trifle to its popularity. It has been reviewed heretofore in these columns, and the present editor knows no reason for changing one word of the praise accorded the work by our predecessor. The book is what it professes to be, a Hand Book which may be consulted with perfect confidence by the laity, and the busy professional will not regret an occasional browsing in its rich leafiness. It is not always in accord with the latter day homœopathy as we were taught, but that does not necessarily detract from its value as a universal homœopathic guide. The homœopathic physician will have no cause to regret his recommendation of Ruddock to such of his families as ask for a Household Book of Homœopathy : the additional chapters by Dr. Gross are worthy of careful study.

**LECTURES ON DISEASES OF THE HEART.** By EDWIN M. HALE, M.D. Third Edition, enlarged and improved, with a complete repertory by DR. E. R. SNADER. Pp. 478, 8vo. Cloth, \$3.25. F. E. Boericke : 1889. Philadelphia.

There seems to be nothing to add to former reviews of this excellent work ; it continues, as before, a splendid work on Diseases of the Heart, and while we are not entirely in sympathy with its author on the dual action of remedies, still we can fully enter into and appreciate his arguments ; so much so, indeed, that at our very first opportunity we shall give some of his recommendations a trial. It has been our fortune to have had a case of acute pericarditis recently, and we are candid in saying that our treatment of the case, to a successful issue, was in the main attributable to the information gleaned from this book. The study of the remedies is exhaustive, is clearly stated, convincing, and to the point. Pathologically nothing can be desired. The repertory by Dr. E. R. Snader is a fine one and enhances the value of the book. It is hardly needful to speak of the publisher's part. Every homœopathic book buyer knows how F. E. Boericke puts his books on the market : always in the highest style of the printers' and bookmakers' art. We recommend the purchase of Hale's Lectures on Diseases of the Heart.

---



---

GLOBULES.

—Have you ever used *Viburnum pruni*. for persistent and apparently uncontrollable hiccough ?

—*Eupatorium perfol.* has been my epidemic remedy for la grippe in Toledo and vicinity.—*Albert Claypole.*

—Ten people die from partial retention of the urine to one who suffers from complete retention.—*Vaughn.*

—A poultice of salt and the white of an egg is a powerful resolvent, and if applied in time will disperse a felon.

—CROTON TIG.—Pain running through the nipple to the back in nursing women, like a painful thread through from the nipple to the back.

—Paint the tongues of your fever patients with glycerine; it will remove the sensation of thirst and discomfort felt when the organ is dry and foul.

—Castor oil is said to be an infallible remedy for the stings of bees and other insects. It appears to counteract the poison and allay the pain as soon as applied.

—Dr. H. C. Allen, editor of *The Medical Advance*, has removed to Chicago (Hyde Park), and has associated himself with Dr. William S. Gee. Best wishes for both.

—A Williamsport barber reverses the Brown-Sequard method, and makes young doctors look ten years older.—Respectfully referred to "Selah" of the *Medical Era*.

—The American Institute of Homœopathy will begin its next annual session on June 16, 1890, at the Fountain Spring House, Waukesha, Wis. Take due notice, and govern yourselves accordingly.

—ANOTHER OUTRAGE.—The *Seattle Intelligencer* of February 8, says: The Senate passed the bill establishing an Allopathic Examining Board in Washington by a vote of 22 to 11.—*Med. Advance*.

—The Homœopathic Medical Society of the State of Ohio holds its next annual session at Cleveland, on May 13 and 14, 1890. Many valuable papers are promised, and the local physicians are arranging for an excellent social time.

—The Annual Reunion of the Alumni of Pulte Medical College was held March 10, 1890, at the Gibson House, Cincinnati. It goes without saying that with Profs. Crank, Walton, and McDermott present everything went along splendidly.

—The twenty-first annual session of the Homœopathic Medical Society of the State of Michigan is announced for May 20, to be held at Lansing. The General Secretary's circular, now before us, promises a most interesting and successful meeting.

—A young man came into our office recently complaining of paroxysmal penile hypertrophy. He is a sweet young man, and we prescribed Brown-Sequard's Elixir! He has not been back since.—*Ex.*

[*Voilà!* Where's the point to that now?]

—EXAMINATION NOTICE.—Grace Hospital, Detroit, will hold its next regular competitive examination for the position of Junior Assistant to the House Surgeon on Thursday, April 10, 1890. Term, eighteen months. Must be Homœopathic graduate.

—CALCAREA PHOS.—A. G.— had a love affair, and, in order to kill herself, took poison, which left her with paralyzed hands and feet. I gave her six powders of calcarea phos., and four weeks later she wrote me that she could go around the room by taking hold of the furniture. She received six more powders, which completed her recovery.—*Cal. Hom.*



—"Congenital inability to successfully grapple with the vicissitudes of his environments," is stated as the cause of death of a child one day old. The attending physician, although a Milwaukeean, is evidently up to high-water mark of Boston culture.—*Med. Current.*

—Dr. C. L. Cleveland, Professor of Materia Medica in the Homœopathic Medical College and Hospital, of Cleveland, Ohio, died January 14, after a brief illness. Dr. Cleveland was one of the rising young men in the profession and his untimely death is greatly to be regretted.

—The Texas Homœopathic Medical Association, G. G. Clifford, M.D., Secretary, meets at Austin, May 13 and 14, 1890. The secretary is out in a circular to the chairmen of the bureaux urging prompt attention and extra labor to make the Association's next annual a big success.

—*Syzgium jambolanum* seems to be holding its reputation as a remedy in diabetes. It should be given in five-grain doses of the finely triturated berry three times a day.

[Did not Dr. Gee at one time enter upon an investigation of this remedy?—ED.]

—RED-HOT STATISTICS.—A Philadelphia medical journal has interviewed several persons who have had cayenne pepper flung into their eyes, and the sensations are described as being just as painful as having two sound double teeth pulled at once. The eyes recover in from two to four weeks.

—BETTER THAN SKIPPING.—A Chicago surgeon says he can put a man to sleep with chloroform and then, by the use of the knife, so alter his facial expression that his own mother will swear that she never saw him before. Embezzlers, instead of skipping out, can thus remain at home and be perfectly safe.

—Dr. Geo. W. Barnes, Emeritus Professor of Materia Medica, Cleveland Homœopathic Hospital College, has recently died at San Diego, California, where he removed some years ago on account of ill health. Verily, the wing of Azraël has touched our ranks painfully frequent since the beginning of the year.—*Stick to Homœopathy.*

—Have you some secret place where you guard some precious jewel with a lock of beautiful and intricate construction? Have you lost the key? And do you go to the locksmith and say, I have a lock and want a key? Do not keys open locks? Ah, yes; but you must have the key for the lock—the only key.

—The Thirty-first Annual Commencement Exercises of the Homœopathic Medical College of Missouri were held at Pickwick Theater, St. Louis, on Thursday, March 13, 1890, Prof. Edmonds conferring the degrees, and Prof. Foulon awarding the prizes. One of the largest classes for many years was graduated.

—R. Rhodes Reed, M.R.C.S., Norfolk, England, says: I have prescribed S. H. Kennedy's Extract *Pinus Canadensis* as an injection (one part to six), in an obstinate case of chronic gonorrhœa, with very satisfactory results. The discharge considerably diminished during the first week; and after a fortnight's use the patient reported himself quite well.

—Dr. Lucy E. Sewall, a well-known homœopathic physician of Boston for many years, died at her home, 151 Boynton Street, on Thursday, at the age of fifty-one. She was the first female homœopathic physician to establish herself in Boston, and by her exceptional skill became noted throughout New England.

—The death rate at the State Homœopathic Asylum for the Insane (Middletown), New York, during the past year was 2.11 on the whole number treated, and the recovery rate on the whole number discharged was 51.79. The death rate in the other State asylums for the acute insane during the same period was 6.09, and the recovery rate was 32.91.

—PARTNER WANTED.—An active Homœopathic Physician with some capital to join in enlarging an Institute of Medicine and Surgery, in a live city in Missouri, of 20,000 inhabitants. Have nearly all the medical and surgical appliances, oxygen and electrical rooms, good office and out-door practice. Address, C. M. SHARP, 309 East Seventh Street, Sedalia, Mo.

—An egg is said to contain as much nourishment as a pound and an ounce of cherries, a pound and a quarter of grapes, a pound and a half of russet apples, two pounds of gooseberries, and four pounds of pears, and that 114 pounds of grapes, 127 pounds of russet apples, 192 pounds of pears, and 327 pounds of plums are equal in nourishment to 100 pounds of potatoes.—*San. Nems.*

—The following additions have been made to the Faculty of the New York Post-Graduate Medical School: Charles B. Kelsey, M.D., Professor of Rectal Diseases; Charles H. Knight, M.D., Professor of Rhinology and Laryngology; Reynold W. Wilcox, M.D., Professor of Clinical Medicine; Dr. S. Lustgarten, formerly Privat Docent in Vienna University, Instructor in Syphilis and in Dermatology.

—The first quarterly meeting of the Homœopathic Medical Society was held at Worcester, Mass. Papers were read on La Grippe by Dr. E. L. Mellus; Baptisia, its Place in Typhoid Fever, Dr. Lamson Allen; Clinical Experience with Kali carb., Dr. G. F. A. Spencer; Ozone, Dr. A. M. Cushing; The Local Treatment of Diphtheria, Dr. E. D. Fitch; Cases from Practice, Dr. W. S. Hincks; A Case for Diagnosis, Dr. G. A. Slocumb.

—The rheumatism of STICTA PULMONARIA: Sharp darting pains in extremities, darting pains in vertex. Swelling and stiffness in joints. Sensation as though the arms and legs were floating in the air. In influenza with these symptoms: Patient feels entirely well in the morning, but in the afternoon a pressure at root of nose; gets morose in the afternoon, relief by going in the open air; fluent discharge or coryza in afternoon.

—Dr. Samuel Lilienthal says of "Allen's Handbook of Materia Medica": "It ought, like a Bible, be ready for reference at the prescription table of every physician of our school." That's our doctrine, and we have been better prescribers since we adopted it into our practice.—*Cal. Homœopath.*

So say all of us, notwithstanding the "derrick" review published by the *New York Medical Times*.

—Dr. James E. Lilienthal has recently been appointed Commissioner of Insanity for the district of San Francisco. This is the first appointment of a homœopathic physician to an official State position in California, and Judge Levy, who made the appointment, is one of the few who are in favor of equal rights in medicine as well as in law. We hope that this will pave the way to other and more important homœopathic appointments, such as a position on the health boards, City and County Hospital visiting staff, etc.—*Cal. Homœopath.*

—We don't want to affect high-strung utterances, but in our opinion the doctor who still bleeds and blisters and salivates, is an ass with a red-headed exclamation point to it, and he belongs to the hinder parts of a back age! So far as we can determine, the major part of the members of the Regular Medical Profession agree with the above and are as ready as we are to belabor that antediluvian fossil. We may add, too, they give us credit for an early opinion on this matter, and many of them admire our pluck but damn our blunt expressions.—*Med. Gleaner.*

—Dr. J. W. Heddens reported a case of a piece of a catheter in the bladder. A young lady who suffered from hysterical retention of urine, had occasion to use a catheter, and upon withdrawing it from the urethra discovered that a portion was missing. Immediately there was pain in the bladder and later pain in the region of the left kidney. When she presented herself to me, I dilated the urethra, introduced my finger and discovered the piece of catheter in the mouth of one of the ureters. With a pair of forceps I easily removed it.—*St. Joseph Med. Herald.*

—A SIMPLE BEDSIDE TEST FOR THE URINE.—On a strip of white filtrating paper, a drop of the urine to be tested is put. This part of the paper is then heated slowly and carefully over a small gas or alcohol lamp, care being taken that the paper is dried without becoming browned by the flame. If the urine contains no sugar, the spot dries without a trace, or at most, a faint yellow; if sugar be present, the spot dries with a yellowish brown to deep brown, depending on the amount of sugar present. If the test is for albumen, and it be present, then the color is yellow, merging perhaps into yellowish red.—Hager, *Rundschau.*

—It is related that during the late Emperor Frederick's visit to consult Dr. MacKenzie, the doctor was entertaining an American larynologist whom he requested to examine the case with him. Frederick pleasantly remarked during the examination that he supposed the doctors found a royal throat much the same as other men's throats. The Yankee's quick response that they hoped soon to make it the same as other men's throats, pleased his Royal Highness very much, and he ventured to remark further, straightening himself up and inflating his massive chest, that he was otherwise all right. Our compatriot, after looking him over critically, replied that with the exception of his throat he had the material for a first-class American. The Emperor was much amused, but the German physicians who were present were much shocked at the American's presumption in thus familiarly addressing royalty. The "divinity which doth hedge about a king" had no terrors for the son of the Republic.

—From the very nature of Homœopathy there is in most of us a tendency to descend from the high plane of scientific practice, namely, the exact similimum, the single dose, and a high grade of attenuation, to empiricism, with its poly-pharmacy, crude drugs, etc. An incident will illustrate the folly of this. A few weeks ago I treated a young lady for "la grippe"; after three or four days, when the fever was about gone, she was attacked with a fearful pain in the ovarian region. Her groans were pitiable. It being about her time to menstruate I gave her a dose of pulsatilla, low; pain continued and something must be done quickly—cim., low; also gave a few drops of chloroform on handkerchief, also a little amyl nit. Pain continued the same; aconite low, pain gradually subsided, but I fear it was not through my treatment. A few days later her sister was taken precisely in the same way. This time I dropped a tiny pellet of Boericke & Tafel's thousandth potency of cocculus into a tumbler of water, gave her a teaspoonful, and to my great surprise and satisfaction, she ceased groaning at once and said her pain was all gone.—*C. G. A. Hullhorst, A.M., M.D., in Med. and Surg. Record.*

—In my daily practice I have made it a rule, says a prominent New York physician, to employ a disinfectant in almost every sick-room I enter, always where the patient is confined to the bed, and I have found such employment not only of great comfort to the attendants, but of the greatest good to the patient. By simply wetting a towel with a solution made by mixing one part of the disinfecting liquid with six or eight parts of water—wringing the towel out so as it will not drip—and then shaking or wafting this towel about the room for a few minutes, the air of the room is radically changed, the mephitic odors or gases, and they exist in ever sick-room, are destroyed or absorbed, and a pure, sweet, refreshing atmosphere results.

Many years of experience and practical every day tests have shown to me that the disinfectant we can best rely on—always the same, always ready—is Platt's Chlorides. About ten years ago it was first brought to me to test, and I suppose I have ordered and used since that time, close on to a thousand bottles every year.—*Ex.*

By addressing H. B. Platt, 36 Platt St., New York, any practicing physician will be gladly furnished with a sample bottle free. Be sure and give express address for their large sample cannot be sent by mail.

—**INTESTINAL OBSTRUCTION.**—I was called to see a boy ten years old, June 11, 1889. The history of the case was that, two days before, he ate some green apples, which was followed by a very severe attack of cramp colic. They gave the boy two pills; three hours after three pills, followed by a full dose of castor oil. The medicine failing to move his bowels, I was summoned, and found the bowels very much distended and extremely tender. I ordered an injection of warm water, and was disappointed in the results. After repeating the third time, I gave two ounces of sweet oil and used a great deal by inunction, and also smartweed poultice applied to the abdomen. The patient suffered intensely. Stercoraceous vomiting commenced on the third day. Counsel was called, and the injections were continued every three hours. On my return the fourth day, I found that the stercoraceous vomiting had continued at intervals through the night. The nurse said that surely he vomited the contents of the lower bowel,

judging from the smell. His temperature was 103, pulse very weak, cadaveric look and smell. Having used a quart cup with a rubber tube the last three days instead of a syringe, I concluded to use linseed oil as an injection. I attached my silver catheter to the tube, warmed the oil and used every hour. After using the oil for twenty-four hours, occasionally using water, the treatment promised better results, as the injections brought away small, oily particles of fecal matter, which during the day increased in size, until in the evening I felt satisfied that the obstruction was all gone. The patient made a good recovery. The obstruction remained six days; the temperature reached 103; the vomiting relieved the bowels to the impaction, and nothing we used made any impression on the impaction until we used the linseed oil.

As this is the second case I have relieved in this way, I think it worth a trial when all else fails.—S. W. HOPKINS, M.D., Sarcoux, Mo.

—ACCIDENTAL PROVING OF CARBOLIC ACID.—J. C. FAHNSTOCK, M.D., of Piqua, Ohio.—Mrs. R., æt. thirty-two, dark hair, nervous temperament, and ordinarily enjoys fair health. On the morning of July 22, 1888, was washing, and she, in order to remove some "rust stains" in a garment, put what she supposed to be carbolic acid, diluted one to twenty, in a little hot water, and began to rub the clothes, inhaling the steam with acid; but it was pure carbolic acid instead of diluted.

In about ten minutes she began to feel very queer, and being alone she started to run across the street to one of her neighbors, but before reaching the house she fell prostrate, pale and gasping for breath. She was taken into the house and I was called in haste. On my arrival I found my patient propped up with pillows, being unable to lie down, continually gasping for breath, with a trembling all over, so much so that she wanted her hands held; "pricking like needles all over her body"; unable to raise her right arm.

Pale face, dilated pupils, cold hands and feet.

Thirst, wanted a drink of water every few minutes.

In about half an hour, nausea, but no vomiting.

Pain in lumbar region.

These symptoms continued about four hours, but gradually getting less and less and finally disappeared in the evening, not leaving any bad effects the next day, and she again enjoys her usual good health.

I report this accidental proving of carbolic acid thinking it might prove to be some benefit to some suffering one, as I was forcibly struck with the great similarity of symptoms to asthma.

There is an accidental proving of carbolic acid by T. D. Pritchard, reported in the Transactions of the Homœopathic Medical Society of New York, new series. In his concluding remarks he says: "For the last year I have been much troubled with shortness of breath on going up-hill or up-stairs, or when running, without cough. Since I recovered from the effects of the carbolic acid I am almost entirely free from the shortness of breath."—*Med. Advance.*

[Dr. E. Carleton, at one of the annual meetings of the I. H. A., spoke highly of acetic acid as an antidote for carbolic acid poisoning. Applied locally.]

—CHLOROFORM IN OBSTETRICS.—I believe that there are very few contra-indications to the use of chloroform in labor; though, of course, when there is severe organic disease of any kind, it should be administered with proportionate care. In advanced disease of the lungs, statistics prove clearly that the agent can be given with perfect impunity and even with benefit, as is shown in M. Lucius Champinnier's case, where he gave it to a woman well advanced in tuberculosis, for four hours without intermission; the effects were so delightful that she begged for its continuance, and to gratify her he administered for an hour after the child was born, and without the slightest bad effect. Formerly it was held that if a patient had any heart trouble, chloroform could not be tolerated; but it has been scientifically proven that there is but one organic cardiac disease that contra-indicates the use of the drug in parturition, and that fatty degeneration; but even in this disease, Dr. Snow says: "A person is more likely to recover with chloroform, if the pain be severe, than without it." In all valvular disease where chloroform is properly given, it is safer than severe pain, not only in obstetrics, but in all surgical operations, and causes less disturbance of the heart. Dr. Champinnier remarks: "If I recognize an organic affection of the heart without pulmonary complication, I should rather give the chloroform than to let her suffer."

Dr. Verglet Bordeau, a very reliable author, says unqualifiedly: "Disease of the heart is not a contra-indication to the use of anæsthetics!"

Dr. Angus McDonald: "If chloroform be properly administered, I think it cannot but be useful in all cases." Dr. Fordyce Barker says: "Disease of the heart, lungs, or kidneys, is an additional reason for resorting to anæsthesia in midwifery, as the vital forces are thus saved rather than exhausted. . . . In my experience I have been led to give chloroform almost indiscriminately in labor; and I have never had a case in which I regretted so doing. . . . I have attended at least a dozen women who before, in confinement, always without chloroform, had post-partum hæmorrhage, and suffered no undue flow when the drug was employed. Experience and observation, therefore, teach me that the agent is more likely to be attended without than with hæmorrhage, or, in other words, chloroform prevents hæmorrhage by preserving the strength of the patient during labor, which overcomes that muscular exhaustion that is inevitably present in post-partum flooding."

I have never attended a single case of confinement with chloroform which was attended with sufficient laceration of the perineum to require operation, therefore, in my judgment, it prevents laceration by causing relaxation of the soft parts. I have also noticed that labor is hastened by giving the agent, and that it is seldom necessary to resort to forceps. Perhaps this can be accounted for in part, at least, because of relief from the pain, the patient being easily induced to assist expulsion. Also, I have noticed many times that when the pains were aggravating and irregular, they were at once intensified and satisfactory on administering chloroform.—MARK B. SMITH, M.D., in *The Med. Age*.

## OH-DON'T-LOGY.

DON'T make a microscopical examination until the urine has been placed in a conical glass and the sediment given time to settle.

DON'T take a specimen of the sediment from the bottom. Casts are most apt to be found upon the topmost layers, because they are light and consequently are the last things to settle.

DON'T think that casts mean a recent nephritis.

DON'T say that a patient never has albumen in his urine because one examination fails to reveal it. Albumen may appear in the urine at intervals of considerable time, even though the patient have an ever-present nephritis.

DON'T forget that other symptoms of nephritis precede those of albumuria and casts.

DON'T think that oxaluria is an insignificant affair. It may cause a nephritis. Remember that each crystal has eight dagger-like points.

DON'T forget that cubebs and copaiba cause a condition of the urine that responds to the test for albumen.

DON'T fail to filter before examining the specimen for albumen.

DON'T attribute unimportance to a negative urinalysis. It may be as important as a positive one, for the exclusive method of reasoning is the best way to reach a diagnosis.

DON'T neglect to look for urea in all cases of persistent headache.

DON'T forget that urinalysis is a most important measure in the detection of the threatening uræmia of pregnancy.

DON'T look in the urine for the diagnosis, prognosis, and treatment of a given case. The urine is only one of many things to be considered and does not reveal everything about the patient's malady.

DON'T fail to keep a record of every urinalysis. Much valuable information of a practical nature can be obtained by collating these examinations.

DON'T forget that, chemically speaking, the important things to look for are albumen, sugar, urea.

DON'T forget that, microscopically speaking, the important things to look for are casts, tyrosine, leucine and oxalic acid.

DON'T forget Dr. Formad's summary of urinary sediment. It is as follows: A sediment has no significance unless formed within twenty hours after the urine has been passed. Every white crystal is a phosphate or an oxalate, the distinction may be made by the microscope. Every yellow crystal is uric acid if the urine be acid. A urate if it be alkaline.

DON'T fail to charge for the urinalysis when making out your bill.—*Saint Joseph Med. Record.*

DON'T eat fruit directly after a hearty dinner.

DON'T use tobacco if you want to draw an absolutely "clean, straight line" in draughting; so teaches Prof. Oliver, of the Annapolis Academy.

DON'T use vinegar in heroic or any other doses to get rid of embonpoint. Try cider, even to the extent of producing catharsis.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

BY EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Phila., Pa.

*(Continued from page 120.)*

- CEPA.**—Stitches with burning, in middle of left side of chest, when taking a deep breath.
- CHAMOMILLA.**—Sudden stitches and darts through the chest, extorting screams ; dyspnœa taking away the voice and threatening suffocation.
- CHELIDONIUM.**—Stitches in left chest on inspiring. Oppression of the chest ; the clothing seemed too tight. Spasmodic pressure behind middle of sternum, awoke him at night ; extended into the bronchi, with sensation of constriction in them.
- COCCULUS IND.**—Contractive tension of right side of chest taking the breath.
- COLCHICUM ANT.**—Dull stitches in posterior part of thorax, during expiration. Violent cutting pain in the chest, interrupting breathing. Stinging in the region of the heart, with oppression.
- CONIUM MAC.**—Violent stitches in right chest, about nipple, on every inspiration, while walking, worse from hard pressure with hand.
- CROCUS SAT.**—Heaviness of the chest, must frequently take a deep breath.
- CYCLAMEN EUROP.**—Tearing stitches, with oppression and shortness of breath.
- DIGITALIS.**—Emphysema, in complication with heart disease, feels better while lying perfectly quiet in the horizontal position.
- EUPATORIUM PER.**—Soreness in chest, severe from inspiration. Oppression in middle of sternum ; feels as if something was pressing against his heart ; palpitation. Pain through right nipple, when breathing.
- FERRUM MET.**—Slight heaviness in upper part of left lung, making breathing rather difficult ; sore feeling below clavicle and left nipple, cannot take a long breath. Slight, dull, heavy pain across upper part of chest, rendering breathing uneasy. Flying pains in chest ; blood-spitting ; persons who flush easily and get epistaxis, dyspnœa, palpitation.
- GELSEMIUM.**—Congestive pneumonia, with suffering under the scapulæ, both sides ; caused by checked sweat. Short paroxysms of pain superior part of right lung, on taking a deep breath ; pulse slow, full.
- GUAJACUM.**—Pleuritic stitches, left side ; worse from breathing deeply ; especially in phthisis pulmonalis.
- HAMAMELIS VIRG.**—Hæmoptysis, tickling cough, with taste of blood, or of sulphur ; dull, frontal headache ; tightness of chest ; cannot lie down, because of difficult breathing from congestion ; fullness in the head ; mind clear. Sensation of constriction across chest, increased by a long or deep breath.
- HYOSCYAMUS NIG.**—Spasms of chest, arrest of breathing, must lean forward.



- HYPERICUM.**—Anxiety in the chest, in the forenoon, with short breath, dizziness and bitter belching.
- IPECACUANHA.**—Infantile pneumonia ; respiration rapid, difficult ; surface blue ; face pale.
- KOBALTUM.**—Deep stitches in lower part of the chest, mostly left side, from deep inspiration.
- KREOSOTUM.**—Stitches in the right chest, interrupting breathing.
- LACHESIS.**—Pneumonia, hepitization, mostly of left lung ; great dyspnoea on awaking. Dropsy of the chest, awakens with suffocating spells ; liver swollen ; scanty, dark urine ; palpitation ; after scarlatina. Stitches in the left chest, with dyspnoea.
- LACHNANTES TINC.**—Full feeling in the chest, must inhale deeply.
- LOBELIA INF.**—Spasmodic contraction of diaphragm. Pain in the chest, with the breathing, while sitting after dinner ; disappears when moving about.
- LYCOPodium.**—Stitches in the left chest, also during inspiration.
- MAGNESIA MUR.**—Sudden heaviness on the chest, with oppression of breathing, at dinner.
- MERCURIUS JOD. RUB.**—Catching pain under right breast, oppressing the breathing.
- MEZEREUM.**—Stitches in right side of chest, worse drawing a long breath.
- MURIATIC ACID.**—Stitches in chest, and at heart, when taking a long breath and on violent motion : burning stitches.
- NATRUM MUR.**—Stitches in chest and sides, short-breathed, especially during a long inspiration.
- NITRIC ACID.**—Chest sore when coughing or breathing. Lungs attacked, rattling breathing ; sputum brown, bloody ; pulse irregular (Typhus).
- NITRUM.**—Stitches on drawing a long breath, worse lying, coughing ; dyspnoea, great anxiety (Pneumonia). Annoying feeling of heaviness in chest like a great load, pressing chest together ; dyspnoea to suffocation (Pneumonia). The dyspnoea is very great compared with the apparent slight congestion or hepitization.
- NUX MOS.**—Full feeling in upper part of chest, preventing a deep breath.
- OLEANDER.**—Dull stitches in left chest, continuing during inhalation and exhalation.
- OXALIC ACID.**—Sudden lancinating in left lung, depriving him of breath. When breathing, stitches in the chest and above the hip.
- PHOSPHORIC ACID.**—Spasm in chest and diaphragm, sudden and unexpected, must sit bent.
- PHYTOLACCA.**—Pain and suffocating feeling in throat and lungs.
- PULSATILLA.**—Sticking in chest, worse from deep breath, or coughing.
- RHUS TOXICODENDRON.**—Pneumonia ; typhoid symptoms, often from reabsorption of pus ; also with tearing cough and restlessness, because quiet makes pain and dyspnoea worse.
- RUMEX CRISPUS.**—Soreness behind stomach when breathing. Burning—sticking or burning—stinging pain in left chest near heart ; worse from deep breathing and lying down in bed at night (Rheumatism).
- SABADILLA.**—Stitches in side of chest, especially when inspiring or coughing.

- SANGUINARIA CAN.**—Burning in chest, also stitching ; he lies on the back ; sputum is tough, rust-colored and difficult ; pulse quick and small ; face and limbs cold, or hands and feet burning hot, and cheeks circumscribed red and burning, worse in afternoon ; extreme dyspnœa (Pneumonia).
- SEPIA.**—Stitch in left side of chest and scapula, when breathing or coughing.
- SPIGELIA.**—Constriction of chest, with anxiety and difficult breathing. Stitches in chest, worse from the least movement or when breathing.
- SPONGIA.**—Congestion in chest from least movement or exertion, dyspnœa, nausea, faintish weakness.
- SQUILLA.**—Stitches in chest, especially when inhaling and coughing ; in sides of chest (Pleurisy).
- STANNUM.**—Stitches in left side of chest, when breathing or lying on that side.
- STICTA PULM.**—Oppression of chest and feeling of a hard mass there ; hard, racking cough, elicited by inspiration.
- SULPHUR.**—Pains as if chest would fly to pieces when coughing or drawing a deep breath.
- THUYA.**—Spasm of chest from drinking cold water.
- USTILAGO.**—Sharp tearing in left side from top of chest down to sixth or seventh rib, aggravated by breathing.
- VERATRUM ALB.**—Rattling in lungs, fear of suffocation ; frothy, serous sputa ; blue face ; œdema of lungs.
- VERATRUM VIR.**—Congestion of chest, with rapid respiration, nausea ; dull burning in region of heart.
- VIOLA ODORATA.**—Oppression of chest, as from a weight, awakening her at night (Hysteria).

#### CHARACTER OF BREATHING.

- RAPID.**—*Ipecacuanha*.
- DIFFICULT BREATHING (Dyspnœa).**—*Aconite*, *Aurum*, *Benzoic acid*, *Calcarea phos.*, *carbo veg.*, *Chamomilla*, *Ferrum*, *Hamamelis*, *Nitrum*, *Rhus tox.*, *Sanguinaria can.*, *Spigelia*, *Spongia*.
- increasing every hour—*Benzoic acid*.
- evening, till 10 P.M.—*Calcarea phos.*
- taking away the voice and threatening suffocation—*Chamomilla*.
- from congestion—*Hamamelis*.
- on awakening—*Lachesis*.
- with great anxiety—*Nitrum*.
- to suffocation—*Nitrum*.
- extreme—*Spigelia*.
- OPPRESSION.**—*Antimonium crud.*, *Antimonium tart.*, *Cactus grand.*, *Calcarea carb.*, *Chelidonium*, *Colchicum*, *Cyclamen*, *Eupatorium per.*, *Magnesia mur.*, *Sticta pulm.*, *Viola odorata*.
- and-pressive pains in chest, more right—*Antimonium crud.*
- and rising of warmth from the heart—*Antimonium tart.*
- cannot lie in a horizontal position—*Cactus grand.*
- as if too full—*Calcarea carb.*
- Clothes seemed too tight—*Colchicum*.
- in mid-sternum ; feels as if something was pressing against his heart—*Eupatorium per.*

OPPRESSION.—At dinner—Magnesia mur.

——and feeling of a hard mass there—Sticta pulm.

——as from a weight, awakening her at night—Viola odorata.

UNEASY.—Ferrum.

SHORT-BREATHED.—Apis mel., Belladonna, Cyclamen, Hypericum, Natrum mur.

SUFFOCATING SPELLS.—Chamomilla, Lachesis, Phytolacca.

——threatening—Chamomilla.

——in throat and lungs, with pain—Phytolacca.

——fear of suffocation—Veratrum alb.

SPASM IN THE CHEST.—Phosphoric acid, Thuya.

——and diaphragm—Phosphoric acid.

——from drinking cold water—Thuya.

RATTLING BREATHING.—Nitric acid.

DIFFICULT DEEP INSPIRATION.—Bryonia.

CANNOT TAKE A LONG BREATH.—Ferrum.

MUST INHALE DEEPLY.—Lachnantes.

FEELS THE NEED OF BREATHING DEEPLY.—Bryonia, Causticum, Crocus sat.

——from constriction of chest—Bryonia.

——frequent; tightness of chest—Causticum.

——frequently; heaviness of chest—Cannabis sat.

#### AGGRAVATIONS.

Worse at rest—Rhus tox.

Worse lying down—Hamamelis (cannot).

Worse lying in a horizontal position—Cactus grand.

Worse getting up—Calcarea phos.

Worse in the forenoon—Hypericum.

Worse evening, till 10 P.M.—Calcarea phos.

Worse night—Viola odorata (awaking her).

Worse on awaking—Lachesis, Viola odorata.

Worse drinking cold water—Thuya.

Worse at dinner—Magnesia mur. (oppression).

#### AMELIORATIONS.

Better lying down—Calcarea phos.

Better leaning forward—Lachnantes.

Better sitting bent—Phosphoric acid (must).

THE  
AMERICAN HOMŒOPATHIST.

VOL. XVI.

NEW YORK, MAY 1, 1890.

No. 5.

FRANK KRAFT, M.D., EDITOR.

---

A MOST excellent paper on "The Relation of Homœopathy to Gynecology; or, Sectarianism in Medicine," by Dr. Mary A. Brinkman, of New York, has recently appeared in *The Homœopathic Journal of Obstetrics*. The discussion of the subject is in temperate, well-reasoned, and well-written language, and deserving of careful reading and study. To any one not committed to an unreasoning extreme in the philosophy of homœopathics, the lines along which Dr. Brinkman argues are in pleasant relief, and present a most desirable diversion from the labored Organon articles which litter our literature from time to time. By this reference no treason is meant as to the Organon, for which we continue still to entertain the deepest regard and reverence, but simply a chiding of that fanatical spirit which theorizes and dogmatizes on the philosophy of homœopathy, as the theologians of an earlier time were wont to do with theology, forgetful of the practical application of religion, and as the homœopathic purists of to-day are prone to lose sight of the great end of all medical treatment—the cure of the sick; that spirit, in short, which, resisting all the influences of a present age, wraps the drapery of a dead past about itself, and from these cerements condemns as unhomœopathic, nay, in the bright lexicon of these philosophers applies the pleasant epithet of "mongrel" to the practitioner who, being graduated from an accredited homœopathic school and practicing homœopathic medicine, sometimes cures and more frequently relieves his patients with means other than those laid down in paragraph blank of section blank, page blank, of the Organon.

\* \*

THE reading of Dr. Brinkman's paper, and also of others published in current medical literature—notably Prof. Helmuth's College opening address—ought to convince these misguided zealots that there may be more of truth in the present homœopathic practice than is dreamt of in their philosophy. It seems never to have occurred to them that unless *materia medica* is an exception, the rule has been that every other known science has made vast strides in advance of the position occupied when Hahnemann lived; and why should the application of *materia medica* form an exception? It illy becomes a learned profession, one professedly in advance on therapeutic grounds, to emulate the reverend gentleman of Richmond who declares "the sun do move," and who is, not unlike the Organon disputants, ready to turn to his grandmother's cherished family Bible and give you chapter, paragraph and line as his authority; and yet the consensus of present opinion declares that the sun "do" not move. By disregarding the quotation do

we any the less revere the source from which it is taken, or decline to abide by his declared precepts? Has it ever occurred to these sticklers for the rigid application of the Law, that Hahnemann, if alive to-day and engaged in the practice of medicine, with his wonderful capacity for improvement of existing evils, his iconoclastic tendencies, his love of progressivism, would be the first to make use of the present day appliances in the furtherance of his methods? Shall we assume that the recommender of the north and south pole of the magnet for curative purposes, would designedly cast out from his curriculum the knowledge and practical application of our present day electricity in the treatment or amelioration of disease? It is dishonoring the memory of the Sage of Coethen to believe him capable of willfully closing his eyes to the scientific advances of the day, and counseling the adherence to his views of an earlier time?

\* \* \*

WHO that is in touch with the medical advances of the past half-century will have the hardihood to say that the great—the overwhelming majority of homœopathic physicians of to-day who use, in their restoration of the afflicted, means not promulgated because not known to the Organon,—who will say that these are all wrong, and that the thousands of patients cured ought not to have been and therefore were not cured because of the application of non-Organon-ic means? Who will say that the promulgation of homœopathy has not changed the medical practice of the Old-School, until, at this day, the lines run particularly close to those of homœopathy? “No honest mind questions the inestimable boon which Hahnemann conferred upon humanity by proclaiming the law of Similars at a time in the history of medicine when crude and unskillful procedures were the rule of medical practice,” so says Dr. Brinkman. But has not that time changed? We to-day acknowledge our indebtedness in countless ways to the Old-School; and they, unwittingly, do the same to us by their adoption of our dosage, our methods, and our *materia medica*. Has it not more and more given surcease to the surgeon's knife and struggled to adapt itself to the dynamic nature of disease? “All homœopathic physicians are united in their belief that *Similia Similibus Curantur* is A law of cure, however they may differ as to the theoretical explanation of that law, or the extent to which it may be applied. . . . We are none the less believers in the law of *Similia Similibus Curantur* because we bring to our aid the sister sciences; hygiene, mechanics, chemistry, physiological research, microscopical investigation, surgery with all its brilliant achievements should all be brought to the aid of the true physician. . . . It is not the part of wisdom to burn the ‘midnight oil’ searching the *materia medica* for the similia of symptoms which are out of the domain of drug action altogether,” such for instance as opening an imperforate hymen by the administration of *silicea* *high* for a few days, as we have been gravely informed was actually done. “Pruritus, a symptom so common to many disorders, will in diabetes demand for its relief change of regimen combined with drug action; if due to parasites, extermination is called for, and if to lack of cleanliness, no one will accuse us of violating the ‘tenets’ of homœopathy if hydropathy is made to serve us. When we select drugs for the sick for their dynamic and curative effects, we are guided by the law of

*Similia Similibus Curantur.* . . . As educated physicians, we make use of all the means and appliances that science has brought to our aid. As homœopathic physicians we practice a law of cure whose beneficent influence has modified the thought and practice of the medical world."

\* \*

IF the reader has remarked, the whole dispute rests upon the use of one or the other of two words, the indefinite or the definite article as they are called by grammarians. The Hahnemannians say that *Similia Similibus Curantur* is THE law of cure ; while the more progressive homœopaths say it is A law of cure.

\* \*

WILL some practitioner of our school, who is a believer in and a user of the alternation of remedies, write a paper for this journal, explaining his *modus operandi*, and the rules by which he works ? We make this request in sincerity, with a view to arriving at an intelligible reason for using homœopathic remedies in alternation. We have had a number of pleasant chats with practitioners who alternate, but have never yet found one who was ready to avow it in print, or who could give us a reason that would square with the rules as laid down in the *Organon*, or of any modern text-book on *Materia Medica*. Come, brethren, there is surely some reason for the faith that is in you ; you claim success in your treatment of the sick, and the results bear you out ; now let the rest of us know how you do it.

\* \*

WE have received a letter from an official of the SOC. MED. HOM. COM. NOV. EBORAC., a society apparently instituted in 1858, and doing business in the East. The letter was intrinsically pleasant and intelligible, but the "sigil" caused our boracic editor some little trouble in the translating. Our restricted circumstances—\$30 a month and no University chair—forbids the offering of a monetary prize for an instantaneous and correct solution of this new compound of borax ; but the sending of a medical Nellie Bly on a tour among the drug-stores to see how many different cough "mixteries" she could get on the prescription : com. nov. Eborac., would give the *New York World* a column or two of amusing reading. We always enjoy reading the University of Michigan medical diploma ; it is couched in good old-fashioned American, and says that John Q. K. De Jones is a "Doctor of Medicine," so that every patient who visits Dr. De Jones's office can understand it.

\* \*

Since the publication of our April number, wherein we chronicled the illness of our Institute president, we have learned with profoundest sorrow that Dr. Sawyer has become violently insane, and has had to be removed to an asylum. In so dire an affliction words are inadequate. We entertain the hope, however, that the fears of his family and medical attendants may be exaggerated, and that after a time of restraint and careful treatment, our good friend may be restored to us *mens sana in corpore sano*.

THE Institute will miss its president at its Waukesha session. Never have there been more strenuous efforts made by president and other officials to render an Institute session a decided and unequivocal success as there have been for the 1890 meeting. Doubtlessly this excessive activity, this unusual strain on his mind, has had its weight in breaking down the president's nervous system. Dr. Higbee, we learn, is not in the country, and probably will not be in time for the annual session. Who, in that event, will preside? We give place in this issue to General Secretary Dudley's Annual Circular, and invite attention to its requests and announcements. Let us have no lukewarmness about our Institute session. Let the West sustain its reputation for unbounded hospitality and brotherly love. Waukesha, we were all cautioned last year, will not try to outdo Minnetonka, but she will not be far behind-hand. Therefore, brethren and sisters, lend a hand to make the Waukesha meeting as great a success as any of recent years, so that when we go to Chicago in '92 we will have behind us the precedent of two years of Western hospitality. That is to say, we will go to Chicago if the two schools there will permit us to leave for home at the conclusion of the session as a single body, and not as two wings, each school not having had an independent session of the Institute at the same instant time.

\*  
\*  
\*

THE Homœopathic Medical Society of the County of New York, at a special meeting held February 24, 1890, first censured and then expelled Dr. Egbert Guernsey in the following language :

" WHEREAS, Dr. Egbert Guernsey has used abusive terms for some six years past as to his colleagues who are members of this Society, and as to all other homœopathic practitioners, and in recent interviews has admitted and renewed his vilification of his associates ;

" Resolved, That Dr. Guernsey should, in the opinion of his associates, resign his membership in this society, and discontinue his affiliation with homœopaths and homœopathic institutions."

### OPEN COURT.

—Says Supt. I. H. Talcott in his 1889 Annual Report : " In the medical treatment of the insane we continue to administer, for the cure of brain disease and a consequent restoration of the patient to his normal mental state, drugs which have been proved, and their powers scientifically determined before using, even as the Damascenes tempered and tried their blades before going to war. We give medicines to the sick in accordance with that law of similars which was foreshadowed and outlined by Hippocrates, but more fully discovered and enunciated by Hahnemann. We have continued in the belief for two reasons : First, the law of the State distinctly declares that this institution is established as an asylum where homœopathic treatment shall be administered for the cure or relief of insanity ; and, secondly, the results have been so encouraging that we feel confident that the ends attained have justified the means employed."

Anything uncertain about that? This is the Middletown (N. Y.) Insane Asylum, conducted under homœopathic auspices, with homœopathic remedies, and by a homœopathic superintendent. Ah, if the other public homœopathic institutions could but stand from under the suspended blade of "forty-four pounds of castor-oil and twenty-one pounds of sulphate of magnesia," used as homœopathic medication by homœopathic graduates, in a homœopathic institution.

—We well remember, in our student days, says a writer of the *So. African Med. Journal*, the powerful impression made upon us by the frequent admission into hospital of the draymen of a large London brewery. They drank a great deal of beer day by day, *cela va sans dire*, but we do not think they often got drunk, and they were models of physical strength and might have been pointed out as examples of the health-giving influence of British beer. But let one of those men get his leg crushed by a barrel, or sustain even the mildest compound fracture. He was admitted in due course, but the pulse would get slower, softer, and more thready, the skin remained pallid, moist, and cold, the temperature stuck below normal, and presently he would die from some trifling injury, a mere fleabite to that under which some poor dress-maker in the next ward was steadily progressing to convalescence. "Shock" went down in the ward clerk's case book, "beer" was in the registrar's mind, and the pathologist and the *post mortem* clerk said amen when they cut into the liver and kidneys.

—Have the nipples bathed frequently and gently handled. And for an application I have used, with good results, a mixture of strong tea and brandy in equal proportions, applying once a day during the last month of pregnancy.—*J. B. Gregg Custis* in *Med. Advance*.

Perhaps the application of tea and brandy is homœopathic to a softened nipple when prescribed by a non-alternating, non-mixing, pure Hahnemannian. Perhaps not. However, as some of the text-books advise the "primiparous" husband toward the close of the pregnancy to use his fingers and lips in molding the nipples, the addition of brandy will not seriously incommode him.

—"During the last four months of my holdings the position as *accoucheuse-en-chief* in the Royal Charité of Berlin, Prof. Crédé held the office of clinical professor, to which he was appointed after the death of Prof. J. H. Schmidt, my steadfast friend and teacher. Dr. Crédé was ambitious for success *à tout prix*. During the winter preceding his appointment he acquired some notoriety in his efforts to gain renown by inventing a new—his own—method for delivering the placenta, the Crédé Method. As soon as he had the direction of the *clinique* he taught practically, during his hour of attendance, what he had before taught theoretically; while I, during the other twenty-three hours of



the day, very unwisely perhaps, not only discouraged the young men from following his method, but when teaching the midwives actually opposed his method.

"The Credé method has been followed by many of his pupils, and even gained some reputation in this country; but now Dr. Credé is making an effort to add to his fame, and this time it is by renouncing his late 'method,' acknowledging it to be an error, and admitting that it may have been practiced to the detriment of many a woman."

To those of us who have been for ten years religiously practicing the Credé method this is cruel; but the most unkindest cut of all is, that the author does not condescend to mention that most recent measure of meddlesome midwifery, to wit, uterine and vaginal antiseptic irrigation.—*Dr. Zakrzewska.*

—MEDICAL GRADUATES—WHAT BECOMES OF THEM?—The laymen frequently make merry over the great number of medical colleges in the country, and are fond of cracking jokes about the thousands of young men who are graduated by these colleges every year and turned loose, as the funmakers will have it, to prey upon a hypochondriacal community. But, really, the number of diplomas issued by the colleges by no means fairly represents the size of the profession. A very large number—perhaps one-third or more—of the young men who study at colleges and graduate leave the profession before they practice medicine at all, or after they have practiced but a few months. This is so especially of the poorer students. After they get through college they return to their homes, put out their signs, and wait for practice. It doesn't come. The young man must pay his board and wear good clothes. He gets into debt, and his purpose falters. A business opportunity turns up, and he jumps at it, or he deliberately takes down his physician's sign and hunts up the job that seems to have more money in it. It takes a plucky young man who leaves a medical college with no money to make his way forward, or even to make a living. All things considered, it is much better policy for the average young medical graduate to begin practicing in the country than to stay in the city. Unless he is made of rare stuff, or backed by money, he will hardly sustain the keen competition he will meet in the city. Still, if he does make a success in the city, the reward is greater.

—It is just as important that the ears of railroad employees, and particularly the ears of locomotive engineers, should be scientifically tested for natural or acquired defects as that their eyes should be tested for possible color-blindness. There is a trouble known to medical men who practice largely among railroad employees as whistle-deafness. That it is not oftener reported as a cause of railroad accidents is due, probably, to the inexpertness of those charged with the investigations following such accidents. Whistle-deafness tends to render the ear of

a locomotive engineer sensitive to the sounds by which he is immediately surrounded, and entirely deaf to sounds of all other kinds. This condition is frequently observed in boiler-makers, who can hear slight noises when the air is laden with the clatter of steel hammers upon iron plates, while they would be insensible to the same sounds in quiet surroundings. Similar conditions obtain with locomotive engineers, whose ears became accustomed to the detection of slight sounds indicating imperfect working of the machinery under them, even while the whistle or bell, or both, are in use. When a scientific examination should develop such a defect, the candidate should be relieved of his ordinary duties for a while, until the ear should have recovered its natural equilibrium, enabling it to discriminate between sounds according to their exact relative volume, pitch, and intensity.

—So far as Brooklyn is concerned there is to be an opportunity to ascertain whether the medical fraternity is the blessing so many believe it to be, or the other thing, as the skeptics insist. The doctors of that city have blacklisted the patients who do not pay, to the number of 1600, and they will refuse hereafter to respond to calls from those whose names are on the list. If the figures should show any marked increase in Brooklyn mortality the doctors will have scored a point. But, on the other hand, if the death rate should show a falling-off, the skeptics will have the laugh on the doctors.

—We may state that the physical means for recuperating the worn and wasted systems of the insane may be stated in three words—heat, milk, and rest—but the greatest of these is rest.—*Talcott*.

—Prof. W. O. Atwater of the Agricultural Department delivered an address under the auspices of the scientific societies and the Smithsonian Institution in Washington, in which he said that over-eating did more harm to the race than the curse of alcohol, and to it were due more of the ills of mortal flesh.

Prof. Atwater seems to have no regard for the feelings of those who think the curse of alcohol to be without an equal, much less any superior. But he was trying to impress the theory that the excessive consumption of meats and sweets are two evils to which the American people are addicted. Many persons of sedentary habits, who really need little solid food comparatively, consume as much as though they were occupied in severe muscular labor. Thus we impose upon our bodies the task of disposing of a large amount of material in excess of its needs, making, as it necessarily does, a frightful drain upon our health and happiness.

—The *Allgemeine Homöopathische Zeitung* commences its 120th volume, with Dr. Alexander Villers of Dresden in charge, in place of Dr. Lorbacher.

—WHAT M. PASTEUR SAYS ABOUT LA GRIPPE: "Supposing these young doctors have discovered the genuine influenza bacillus, they have achieved nothing of any great moment. Everybody knew already that influenza was caused by microbe. Nobody's happiness is especially increased by the additional knowledge that this microbe has a head which resembles that of a bishop. All that the Vienna doctors have accomplished, if they ever accomplished it, is to put another useless jar alongside dozens of others equally useless."

---

### OBSTETRIC MATERIA MEDICA.\*

By CLARENCE M. CONANT, M.D.

IT is held by many physicians that but few of the multitudes of drugs which crowd the *Materia Medica* possess any indisputably positive therapeutic power. Nor is this view entertained alone by allopaths—whose habitual, erratic empiricism naturally tends to confused and erroneous notions as to drug action—but not a few among our own ranks have been so often and bitterly disappointed in the action, or rather inaction of drugs, apparently carefully chosen and well suited to achieve the desired result, that they cry out in incredulous despair, "The *Materia Medica* is a fraud."

I will not take time or tax your patience by a discussion, at this season, as to whether this skepticism is entirely justifiable by the facts, nor of the causes upon which it rests, but seek rather to add a slight and humble contribution to the stock of positive knowledge by a statement of my personal experience with drugs in obstetric practice; and in doing so I shall hope *not* to excite any acrimonious discussion of the vexed potency question, but, rather, that our colleagues will frankly and kindly give us the benefit, each of his own practice, viewed simply as a collection of events—facts, in short.

Without further preliminary, then, I shall enumerate under each drug only such symptoms as I have seen disappear after its administration, in such time and manner as left no doubt, in my judgment, that the exhibition of the drug and the disappearance of the symptoms stand related to each other as cause and effect; and I shall make such suggestions as to dose, as my experience leads me to believe to be noteworthy.

*Aconitum nap.* will remove the insomnia of pregnancy when it be caused by *excessive fear of death*. She tosses about and says, "I know I shall not live through it," in a despairing sort of way. Fainting fits, occurring either during pregnancy or labor, or after the latter, will be

---

\* Read before the New Jersey Hom. Med. Society.

arrested by aconite when they are marked by signs of cerebral congestion and palpitation of the heart, or after fright ; although for this latter we should also consider opium. I have never seen aconite useful in treating abortion, but can readily believe it might arrest that process when indicated. During labor, a dry, tender, undilatable generative tract may call for aconite, especially if the mental condition or fainting be present. The condition of the parts much resembles bell., with the distinction that marked heat calls for the latter, and that the mental state is entirely different. The bell. patient has headache, and tends to an irritated excitement instead of towards depression.

When we have spasmodic contraction of the os uteri, and perhaps even rigidity, either acon. or bell. are more frequently indicated than any other drug. Finally, acon. is almost always similimum for any abnormality resulting from catching cold. For the mental state I have found 30th, 200th, or higher, often sufficient, but for the contracted os I decidedly prefer the tincture in water.

*Actæa racemosa* I often find a helper during pregnancy in women of rheumatic diathesis, or those who have suffered from neuralgia or dysmenorrhœa. Its characteristic fronto—or post orbito—occipital headache is well known to you all ; and for those neuralgic or rheumatic pains in the abdominal muscles, which torment many women, and often cause a dread of miscarriage, it is often the only similimum. While for false pains I think it is next to cauloph. For what Dr. Meigs has sagaciously christened uterine rheumatism, it is almost specific. Left-sided chorea, whether associated with pregnancy or not, is often caused by material doses of actæa. I believe this drug to be one of our most powerful restrainers of abortion, and have often depended upon it with success. When labor pains are of a severe, tearing nature, and “do not seem to be where they do any good,” actæa frequently makes them efficient. The os does not dilate properly. Dr. Marsden thought it was rigid. Dr. Hale (a very acute observer) thinks it not rigid but spasmodically contracted, an opinion I am inclined to think more accurate.

Actæa will occasionally check after-pains. To be taken before labor, to facilitate it, actæa has no rival, except in cauloph. I think I am correct in saying that the late Dr. E. M. Munger was the first to advise the use of actæa and cauloph., alternately, a dose of each daily for some weeks before the expected confinement. Certain it is that this treatment became so popular in the section where Dr. Munger lived, that women sent fifty or sixty miles to get “Dr. Munger’s confinement powders.” And I must add my humble judgment, that primiparous labors especially are shorter and less severe, and less liable to complications, when these drugs are so used. I have exhibited mostly the resinoids—macroton and caulophyllin in the 3d x.

I first began this treatment at the solicitation of Dr. S. H. Talcott, and after about a year's trial abandoned it, thinking I saw no average gain. But, upon review of my cases and making more careful observations and a new trial, I became convinced that it was a great blessing and helper to the pregnant woman in her hour of need.

*Arnica montana* will almost as surely stop an abortion excited by a fall, blow, or physical shock, as water will run down hill, unless, indeed, the viability of the ovum or foetus may be destroyed or its attachments to the uterus broken away. Before giving it, however—which should be in the 30th, or higher, if at all—compare also cinnamon and rhus tox. Perhaps a comparative view of the three will assist us to a choice:

	Pain.	Hæmorrhage.	Cause.
Arnica.....	Severe.	Slight.	Blow or fall.
Cinn.....	Slight.	Profuse.	Strain in loins or a mis-step.
Rhus.....	Severe.	Slight.	Lifting or mis-step.

Upon general principles I should expect to find calc. carb. or carbo veg. useful for an abortion caused by over-lifting, especially the latter. But I have never seen them indicated, and have been too well served by cinnamon and rhus to experiment with any great confidence. *Arnica* is certainly among the best of drugs to control after-pains; and after a prolonged trial of potencies as high as cm., I prefer the tincture in a dose of from  $\frac{1}{4}$  of a drop to 5, repeated every half-hour.

*Arsenicum* fills a humble but very important place in my obstetric practice. It is my "therapeutic catheter." If, after labor, a woman does not urinate within four or five hours, six at the outside, she gets arsen. 200 to 1000, and rarely fails to respond promptly. This, especially, if there be no desire or discomfort bred of the retention. Urging will call for caust., hyosc., canth., or nux vom., which I usually prefer in the order named. Of course ars. is useful in gastric and abdominal abnormalities in pregnancy: but of this I have nothing especially to say.

*Asafœtida*, I may astonish you by saying, will, in a high potency, provoke a profuse flow of milk in the new mother, should it be tardy or scanty in its appearance.

*Baptisia tinctoria* I have found will often rapidly cure stomatitis materna, especially in feeble, debilitated women. I use the tincture in water, and a lotion of the infusion or fluid extract.

*Belladonna*. We all of course do not forget bell. in cases of uterine displacement, headache and insomnia. For the latter, low, it is often "the thing." She is drowsy, yet sleepless; and if she naps she starts up with shining eyes in a panic of fright. In cases of profuse hot hæmorrhage, with backache and headache, and the peculiar uterine tenesmus of bell., it will very often arrest the progress of a miscarriage. I have used the tincture, 30th and 200th, with equally good results. I think we sometimes tend to run off after one of the notable hæmorrhage

drugs, like chin. hamam., millef. sabina, or trillium, when bell. is really the similimum; don't forget it in threatened abortion with profuse, hot hæmorrhage. For an undilating os uteri during labor, bell. is one of our best helpers.

*Belladonna* is said to be the first drug of importance in puerperal convulsions. But in the few cases I have treated it has not served me.

It is the similimum, however, in mastitis, when the inflammation runs in red streaks, like radii, and other symptoms correspond.

*Borax*.—The action of this remedy upon the secretion of milk beautifully illustrates the necessity of studying and using both high and low potencies. When the milk is scanty, and the breasts aching and painful, with stitches (which tempt us to give bry.), a *very* low trituration will remove the distress and cause a free flow of milk; whereas, a too profuse flow, or a vitiated secretion of thick, foul-tasting, easily curdling milk will become normal upon the exhibition of a high potency.

*Bryonia*.—The splitting headache, thirst, and aggravation from motion frequently call for this drug in the constipation, hæmorrhage and fainting fits of pregnant or parturient women. In painful post-partum conditions, pains from head to foot and copious perspiration without relief should attract our attention to bry., and it seems almost specific for the miliary rash which sometimes appears during the lying-in period.

In mastitis, when, at the outset, the breast is very hot, stony-hard, and feels heavy and exquisitely sensitive to the touch, bry. should supersede acon. I use it low and locally also, in hot water.

*Caulophyllum* is my first, and usually only, remedy for false pains, especially where they return every night, and are felt in the sides of the abdomen and down the legs. False pains it will stop. Genuine labor pains coming on tediously and insufficiently, it will accelerate and develop, facilitating the labor materially. I prefer the 3x. trit. Cauloph. is one of the best checks we have upon the abortive process. Severe pain in the back and sides of the abdomen (probably in and about the broad ligaments), with feeble uterine contraction and scanty flow, seem to be its indicating symptoms, beyond which I must confess to an empirical and successful use of it in very many cases. Pains (labor) ceasing, or becoming very feeble from sheer exhaustion, may often be restored by this drug.

Polychrest as it is, I am certain about only one thing of *chamomilla* in obstetrics: in the 200th dilution it will frequently stop after-pains. She is excessively irritable and complains bitterly: she "can't and won't stand it." The lochia is dark, often scanty, and sometimes suppressed.

*Cinchona*.—Hæmorrhage to syncope, whether during or after abortion, usually calls for china. I have seen a goodly number of women unconscious, pulseless, white, apparently at the last gasp, from excessive and

prolonged bleeding, rescued by the use of the tincture of the bark in material doses.

A single note of *carbolic acid*—a drug, whose internal use we sadly neglect—the 3x dilution will absolutely cure morning sickness when it is associated with violent frontal headache ; and exceeding putrescent discharges, with afternoon aggravations and persistent right-sided pains, should always lead us to consider it.

*Cupri arsenitum* is a great cramp remedy. It will sometimes prove a happy compromise between arsenious acid and copper, in diarrhoea ; and I have seen it relieve cramps in the extremities, which the acetic salt failed to control. Dr. Marsden warmly commended it for cramp-like after-pains of great severity. It resembles viburnum as well as the acetate of copper. I have tested only the 3x trit.

*Caprum met.* will cure puerperal convulsions, when each spasm is preceded or accompanied by vomiting. The cramps of copper are not always present, but, if so, intensify the picture. My reliance is the 30th centesimal.

*Equisitum hyemale* is another drug highly praised by Dr. Marsden. I have seen its tincture relieve large hysterical women of both dysuria and enuresis during pregnancy and the lying-in season.

*Gelsemium* undoubtedly is one of the first drugs of importance, when, during pregnancy or labor, we detect a perverted kidney action and tendency to albuminuria. I should say that it is more useful superficially in connecting the manifest effects of the trouble, at whose root such drugs as kalmia or merc. cor. strike more efficiently. For a genuinely rigid os uteri it has almost no rival, except passiflora. For puerperal convulsions, with such conditions as above indicated, *i.e.*, stupor, loss of sight, rigid os, vertigo, occipito-frontal headache and complete muscular prostration, I must give it the first place, although many place bell. ahead. I confess to a resolute and continuous use of the tincture in water.

*Gossypium*.—The negro women, before the war, were widely given to the use of cotton root to produce abortion, and brought the tradition North with them, whence it has been much practiced. In a great many of these cases I have found a retained placenta. Acting upon the suggestion, as well as Hale's mention of it, I have given a few drops of the fluid extract in cases of retained placenta after miscarriage, with very kind and prompt results.

*Hamamelis* is the drug *par excellence* for milk leg. There is no fact more certain to me in materia medica than that it will cure safely and quickly the very worst cases, if given early and often, internally and locally. I have seen it cure cases of single and double phlegmasia alba dolens, without any supervening ulceration, of such frightful intensity

that I should tax your credulity by reciting them : nor have I found a rival for it in the bleeding of ruptured varicose veins.

*Millefolium* is to be thought of ; but its hæmorrhage is usually bright, while that of hamam., although terribly profuse, is dark and clots readily. For the treatment of unruptured varices, usually carb. veg. or puls. is efficient in a high dilution, reinforced by a deftly and nicely adjusted bandage.

*Hyoscyamus*, 200, I have found almost specific for painless diarrhœa of lying-in women. I have never used it in convulsions, but cured one case of puerperal insanity with it. The characteristic symptoms seem to be dread of being poisoned, violent obstinacy, and desire to go naked ; 200th and 1000th were used. A short, hacking cough at night preventing sleep is very characteristic of this drug ; but I find a drop or half-drop dose of the tincture every half-hour necessary. If it fails, consider conium, which, if given, should be in a high dilution.

*Ignatia*, 30th, is a kind friend to the sorrowful, sad, moody, sleepless, pregnant woman. Several of such who did not want any baby, hoped it would die, or she miscarry, etc., found peace and content under its balm.

*Ipecacuanha*.—It seems almost unnecessary to repeat the characteristics of this drug : cutting pains in the umbilical region, incessant nausea and bright-red, free bleeding, even to cold, gasping faintness. I have had too good results with the 200th to try any other dilution.

*Kalmia*.—I believe no drug equals kalmia for right-sided facial neuralgia, and in albuminurial complications it should certainly be studied.

*Lilium* we all recall as one of the great helpers in delayed recovery after child-bearing or miscarriage, not forgetting helonias and nuxmoschata, podoph. and ustilago.

*Lycopodium*, not too low, I have found of service in the constipation of pregnant women ; and it will often, when administered to the mother, tend to quiet an unduly active unborn child.

*Opium* is another fœtus quieter, and will stop a miscarriage from fright, bring sleep to an insomniac woman where hearing is very acute, and not infrequently help constipation. I have never used it below the 30th, and more often above.

*Petroleum* would often serve us in pregnancy, but usually we pass it by for ipec., nux. or puls. It most resembles the latter. There is indigestion, vomiting and stomachic pain often very severe, and diarrhœa, worse at night and from riding. I have only used the 30th.

*Phytolacca* is my morning medicine. I believe it stands in homœopathic relation to every phase of breast trouble, will frequently correct uterine deviations, and check a lochia so prolonged as to be justly called a leucorrhœa. Because it is one of the best of our diarrhœa remedies,



we should be careful not to forget, that it will cure constipation when indicated ; but, for this latter, a high dilution is indispensable.

*Pulsatilla* I always give, if possible, before labor begins, in the 30th, 200th, or higher ; and I never saw an abnormal presentation when it was so given. I have seen it in potency restore recreant pains and accelerate and intensify tardy and deficient contractions as surely as I ever saw material doses of ergot do so. But I confess to failures with it, when I usually call upon cauloph., and generally not in vain. For retained placenta it has no rival, and for the radical treatment of unruptured varicose veins is only equaled by carbo veg.

*Rhus tox.* once cured a case of milk leg for me after failure of my beloved hamamelis. These were the indications : at the very outset, loss of power to move the limb ; she cannot draw it up ; a red streak marks the vein from simple engorgement to abscess and ulceration. I use the tincture internally, and a lotion of the fluid extract, or the root grated in a poultice, and have had most satisfactory results in a large number of cases. Phosphorus, much praised as it is, I have never seen do any good. I have used it locally and internally, high and low.

I call mandrake podophyllum post-partum, and believe it a most valuable drug in affections of the abdominal and pelvic viscera following child-bearing. For piles and prolapsus ani (post-partum) it simply has no equal ; great restlessness and aggravation after midnight, and wetting the limb.

*Sabina*.—Abortion at the third month, with profuse bright-red, partly clotted blood, certainly calls for this drug. A profuse dark-clotted discharge *may* indicate it at the same stage of pregnancy ; but I believe this is less characteristic, and leads me to think of ustilago or secale. Forcing or dragging pains from the sacrum to pubes are more or less characteristic of sabina.

*Secale* has been terribly abused in obstetric practice, but it has its legitimate uses when indicated. In a material dose it will surely stimulate the weary uterus to renewed exertions after the failure of all other drugs. But, if given before uterine dilatation be complete, it will just as surely demand its compensation by annoying you by a retained placenta ; therefore, it is most wise and satisfactory to withhold it until the first stage be well completed. Indeed, of the two alternatives—ergot or forceps—we much prefer to apply the forceps above the brim, if the uterine orifice barely admits their passage. Small but material doses of secale will arrest abortion at the third month when threatened by copious, dark, fluid hæmorrhage and painful contractions, especially in feeble women worn out by bearing many children. In this same class, frequently recurring, severely straining, pressing down after-pains, with thin brown lochia, will surely

be checked by ergot. It should cause the expulsion of the retained placenta, but I never tested it. I have never seen any result from a potency of secale.

*Sepia* is the chief drug for the constipation of pregnancy, but I cannot succeed with it below 200, nor should it be given at night, as it will then disturb sleep. If the woman complains that the movements of the child, although not unduly incessant or violent, are exceedingly distressing, I write it as another indication.

Many and extraordinary hallucinations are rather peculiar to *stram.* She fancies that there are rats and mice or snakes under the bed, and insists upon looking to find them. This symptom alone may lead you to success with *stram.*, as it has in threatening convulsions or mania, especially after an abortion. I have used only the 200th.

*Trillium* is one of our great uterine hemostatics. I am inclined to think a bright hæmorrhage is more characteristic of it than a dark flow.

*Ustilago* might perhaps be called a chronic hæmostatic. Its hæmorrhages are passive, chronic, persistent, sometimes a mere oozing but not infrequently an alarming welling of dark blood with dark clots, usually small; or a dark semi-fluid, not watery blood. It is more often useful after abortion than after labor. Its value in climaxis I noted at a previous meeting of this Society. I have used only 3x trit. and the 30th.

*Veratrum viride* is to be ranked with bell. in convulsions, and perhaps at the head of the list in fever. Its onslaught is sudden and terrific high fever, full head, rapid pulse, with fancies, delirium and cold crawling sweat are characteristics; as is also a yellow-coated tongue with a red streak down the middle. For that form of abdominal distress following labor, and known as spurious peritonitis, I regard it as specific. I have never seen it useful but once in high potency, and then it checked like magic a rapidly developing pneumonia arising from sudden chill in a case of puerperal insanity, which was ultimately cured by hyos. In this case the 200th was used.

*Viburnum* should rank in our minds as a uterine polychrest. No drug will so surely control the cramps so often terribly distressing to the pregnant woman, and few will more certainly check the progress of abortion. The *vibur. prun.* will even stop an abortion caused by taking cotton root,—a point, interesting both therapeutically and posologically, as showing not alone how unfortunate women can sometimes be helped, but also that *vibur. prun.* antidotes *gossypium*. The *vibur. miscarriage* occurs more often at the fourth, fifth or sixth week, as was pointed out by Dr. Hale; and many married women who are sterile, and seem to have exceedingly irregular and tardy menstruation, always very painful and often profuse, are, as a matter of fact, habitual miscarriers. I have seen this proved beyond all cavil in a large number of cases. *Viburnum* will render the womb of such women continent.

The pains of this drug are exceedingly violent, like those of *secale*, but more cramp-like. It frequently will check after-pains. I have used only the tincture with success, and confess to an empirical use of Hogden's *viburnum* compound in some cases with extraordinary satisfaction to myself and patient.

And now, gentlemen, in conclusion, I offer apologies for the so frequent appearance of the personal pronoun. But I have been sought to lay before you only *bona-fide* experience; and I trust that the candid statement of success or failure with dilutions will occasion no acrimonious dissension, but, rather, that every one present will give us a statement of his successes or failures, and so a chance to confirm our own results, or gain a new help for ourselves and clientage; and that every opinion expressed will be received with that courtesy due from one gentleman to another.

ORANGE, N. J.

---

### A RUMEX CRISPUS COUGH.

By J. L. CARDOZA, M.D.

DURING the prevailing epidemic of influenza or the "grippe," I had a few patients, who, after a very slight attack of it (slight fever, and catarrhal symptoms, with a good deal of prostration), were left with a *dry, teasing* cough, very troublesome during the day but *none at night*. In one particular case it was noticed that the *night hours* from 12 to 7 A.M. were entirely free from cough, notwithstanding the fact that the patient was awake several times during the night and even had to leave the bed. The cough did not start at awakening in the morning, but much later on. The cough was just as bad in day-time, in a warm or cool room, in the house or in the open air. It was and remained always confined to the larynx; never descended to the chest; was more teasing and annoying than harassing. Although it was decidedly *not* a *bryonia*-cough, this remedy was tried for concomitant symptoms, but was of no avail. Phosphorus and bromine were tried with the same negative result. In accordance with a few other symptoms, *rumex 3* was tried with the most happy results. In twenty-four hours there was a decided improvement, and in two days more the cough entirely ceased. The same remedy was then prescribed for two other patients and proved to be *the* remedy.

Consulting Dr. Lilienthal's Therapeutics, I found only *one* remedy—*euphrasia*—having the symptom, "cough only during the day, *none at night*;" but as there were in these cases not the least indications for that remedy, it was not tried. Noticing in the February number of this year (Feb. 1890, page 72) of the *Clinique*, that Dr. Hayne recommends in such a case *rumex*, and Dr. Joussets in *l'Art Medical* speaks very

highly of rumex in this peculiar cough, which coincides with my experience, I thought it proper to call the attention of the profession to that peculiar symptom of that drug. I think, a clinical confirmation of a symptom is of sufficient importance to take proper notice of it. If others had a similar experience, I would invite them to let us know of it, and thus enlarge the store of our knowledge.

BROOKLYN, N. Y.

---

## PRACTICAL TREATMENT OF DISEASES OF THE EYES AMONG CHILDREN.

Translated from the French, with Notes and Additions, by H. H. CRIPPEN, M.D.

(Continued from page 141.)

**TREATMENT OF OCULAR PARALYSES.**—The treatment of ocular paralyzes comprises two sections: we will give here the general therapeutics and the proper local means of favorably modifying the paralytic state of the affected muscle. The second part, purely operative (tenotomy, advancement of the muscle), will be given in the chapter on strabismus, where will be found all the *technique* required.

*General treatment*, which cannot be disregarded, especially when addressed to paralyzes that are the sequelæ of infectious fevers, must be instituted with care; understand, however, that so long as the cause of the paralysis (cerebral tumor, encephalitis, exudations, etc.) cannot be removed we cannot hope for a cure. To its therapeutic importance general medication joins then this chief fact of governing the prognosis. The *local treatment* will be limited in its employment to some trials which should be quickly abandoned if they are fruitless. The two best means of local treatment are: *electricity* and the *employment of prisms*.

*Electricity* will be employed preferably in the form of the *constant current*, and each application should not be prolonged more than five minutes. One of the poles (positive) will be fixed on the forehead or temple, while the other electrode in the form of a probe, button-shaped at the end, should be applied in such a way as to act upon the diseased muscle indirectly through the tissues of the lid. This means of treatment is of great effect in the paralyzes consecutive to diphtheria, to typhoid fever, etc.

*Prisms* can be employed very advantageously if the ocular deviation is not of great degree. If, for example, with a prism of six degrees the child is enabled to have binocular vision without diplopia one should advise prismatic glasses. But for convenience in carrying these glasses it will be advantageous to divide the number of the prism between the two eyes (that which amounts to the same) and in place of a unilateral prism of 6°, for example, give two prisms of 3°, one for each eye.

However, it is rare that the exact number of prism, advisable for the patient, can be exactly calculated in advance, and the method consists in seeking the glass which best satisfies. Again, the use of these prisms can bring the patient to a position where stereoscopic exercises can be used to aid in the prescription of glasses successively more and more weak.

This *orthopædic treatment* will be set forth in all its importance when speaking of strabismus. Finally, if the diplopia is found impossible to correct and is of too much embarrassment to the child, the indication will be to relieve from the inconvenience by covering the deviated eye, either with a bandage or with an opaque or a ground glass.

[There remains one other method of orthopædic treatment for paralyzed muscles; that is, the process advised by Michel, which he describes as follows: A fold of the conjunctiva, near the corneal and the scleral intersection, is held with the fixation forceps, and the eye drawn as far as possible, several times in succession for about two minutes, in the direction of the muscle.

These manipulations are intended to counteract the contraction of the opposing muscle, and to prevent atrophy of the diseased one. Under the influence of cocaine this operation may be performed with very little pain, and I have used it with success in connection with electricity. The authors, of course, have failed to give us an exposition of the use of remedies in ocular paralyses; we will, therefore, indicate, as briefly as possible, such symptoms as will guide to comparisons in the selection of a drug. Under the symptom *diplopia* we may study a number of drugs in repertory form:

*Diplopia*.—Acid. nit., Acon. nap., Agaricus mus., Amm. carb., Arg. nit., Aur. mur., Bell., Cic. vir., Con. mac., Dig., Eug. iam., Euphor., Gels., Genseng, Hyos. nig., Iod., Jab., Mez., Nat. mur., Parisquad., Petro., Plumb. met., Puls., Rhus tox., Sec. cor., Stram., Tabac., Theridion, Thuya, Verat. alb.

- , controlled by an effort of the will: Gels.
- , disappearing on bending the head backwards: Senega.
- , from mechanical injury to the muscles of the eye: Arnica.
- , horizontal objects at some distance seem double: Acid. nit.
- , objects seem double and black: Cicuta vir.
- , on looking down: Arnica.
- , on looking sharply at an object: Ginseng.
- , due to paresis nerv. abducen. sin.: Caust., Cup. acet., Kali hyd.
- , due to paresis n. abducen. dext.: Sulph., Chelidon.
- , due to paralysis n. oculo-mot.: Nux vom.
- , due to paresis n. oculo-mot. sin.: Senega.
- , due to paresis n. patheticus: Senega.
- , transitory: Acon.

*Diplopia*, when inclining the head to either side ; vision single when head is erect : Gels.

—, with frequent obscuration of sight : Petro.

Besides these remedies, in a general way, we may indicate :

Aconite, for paresia after exposure to cold winds (causticum), Euphrasia, with catarrhal symptoms, with blurring of vision relieved by rubbing ; Merc. iod. flav., for paralyses and pareses of syphilitic origin (Kali hyd.) ; Phosphorus, paralyses from nervous exhaustion (Zinc phos.) ; Rhus tox, in rheumatic diatheses : Spigelia, when associated with super-ciliary neuralgia. (*Norton.*)

SPASMS.—Ocular deviation due to spasms of the extrinsic muscles are very difficult to distinguish from those due to paralyses. For example, it is difficult to recognize that an eye is deviated inwards by reason of a spasm of the internal rectus rather than as a consequence of paralysis of the external rectus, the antagonistic muscle. The best means of fixing the diagnosis is by examining as to the cause which may have produced the deviation. In children in states of convulsion, in those affected by meningo-encephalites it will be more natural to consider spasms, especially if these exist among other members of the muscular system. These are spasms, which are produced in the case of localized cerebral affection, where conjugate deviation of the two eyes is accompanied by turning of the head and neck to the sides of the lesion. As to treatment, we will only say one word, it should be wholly directed to the disease upon which the deviation depends. No operation of any sort ; generally the affection once cured, the spasms disappear of themselves. It is, in short, by this point that spasms are distinguished from paralyses, which are more obstinate to general treatment.

NYSTAGMUS.—Nystagmus is a spasmodic affection of the extrinsic muscles of the ocular globe, which by its special physiognomy merits description in part. Here we do not observe that fixed deviation which causes hesitation in the diagnosis between a paralysis and a spasm. The affection consists essentially in *regular and continued oscillatory* movements of the ocular globe. These movements are executed most often in the horizontal direction, to the left, to the right, successively (*Nystagmus par saccades*), very rarely in the vertical or oblique direction. Nevertheless the two eyes are sometimes animated by a movement of rotation around an antero-posterior axis ; that is, *nystagmus rotatorius*. These movements find their principal character in being associated ; the two eyes move simultaneously in the same direction. Often the head and the neck take part in the oscillation of the globe, but there does not exist a synchronism between these various movements. These different symptoms generally cease during sleep, but are exaggerated under the shock of moral emotion, of inquietude, etc., All these symptoms, the assemblage of which give to the patient a

special physiognomy, will not permit nystagmus to be confounded with the irregular and often perpetual movements found in eyes which have become blind accidentally. Finally, nystagmus is frequently complicated to a certain degree by strabismus.

The causes of nystagmus are of two varieties : (1) There exists a *cerebral nystagmus* caused by the existence of a focal central lesion (hæmorrhagic most often), and in this case the nystagmus is often accompanied by conjugate deviation of the eyes, which turn toward the lesion. (2) *Nystagmus of ocular origin* is essentially connected with an almost equal and simultaneous weakening of the visual acuity of the two eyes. Causes the most diverse may occasion this enfeeblement : opacities of the cornea after ophthalmia neonatorum, congenital cataract, albinism, amplyopia without lesions ; then, troubles of refraction, especially irregular astigmatism. The treatment of nystagmus will be almost solely directed against the cause which produced it. We say nothing of the treatment of cerebral nystagmus, but there will be much to do for children affected by ocular nystagmus. If there exists congenital cataract, extraction should be performed ; if the cornea be opaque it is necessary to treat the leucoma or to perform iridectomy according to the case. Blue glasses will be suitable to amblyopia from hyperæsthesia of the retina or to albinos, and appropriate ordinary glasses should correct as far as possible the various troubles of refraction. Tenotomy has been advised to correct the nystagmus. This operation is inefficacious in the presence of ocular oscillations ; it should only be employed when there exists at the same time a certain degree of strabismus ; then it is against this state of permanent deviation that the tenotomy is directed. Finally one should not forget that nystagmus, somewhat like strabismus, is an affection which tends to disappear or diminish with the progress of age. This consideration, which is important to remember, should render us cautious regarding all tentative operations.

SAN DIEGO, CAL.

(To be continued.)

---

---

### PERTUSSIS—BRONCHO-PNEUMONIA ENDING FATALLY.

BY E. A. NEATBY, M.D.

**L**ETITIA P., æt. thirteen months, the youngest of a family of small children. Several of the girls have died when babies from chest affections.

13th Feb., 1888.—This patient's cough occurred seven or eight times during day, and more frequently at night, each attack lasting five minutes or less. Before the cough there occurs a spasm, like spasm of the glottis ; it also happens independent of the cough ; it is called "a

catching in the breath" by the mother. Every time she "catches her breath" she brings up flatulence. Pulse small and rapid. Respiration 46. Temperature 103.6°. All over chest the breath sounds are harsh, and there are moist râles scattered over right chest, mostly at level of scapula, between inner border and spine. The *alæ nasi* "work" slightly. Gels. 2x and bell. 3x, alternated every hour.

14th.—Temp., morning 101.6°; respiration quieter; much better night, less "catching." Acon. 30 and bell. 30, three doses of aconite to one of bell.

15th.—Not so well; temp. last night 103.4°. More "catching of breath"; becomes more cyanosed during cough. R. 54. P. 126. Is hoarse and does not cough so frequently. Repeat gels. and bell.

16th.—Bad night. This evening temp. 105°. R. 50. Does not cough much; not hoarse; the laryngeal spasms occur very frequently, sometimes twice in five minutes, it lasts only during from six to ten respirations; there is, therefore, less blueness of lips. Is very weak, does not now attempt to raise herself during spasms, is not restless. Patient is very thirsty, lips dry, she picks them constantly, tongue not dry, white at back, smacks lips for drink.

There are three kinds of respiration noticeable, (*a*) the severe spasms described already; (*b*) perfectly easy but very rapid breathing, *alæ nasi* almost at rest: (*c*) a variety between the two, but the transition is abrupt, not gradual. This third variety is a kind of groaning sound, and appears as if there were some spasm or obstruction, but not of the laryngeal kind, producing crowing inspiration. In this variety of breathing the *alæ nasi* work vigorously, and the nostrils dilate widely. In the second variety the little patient lies quite still with eyes partly opened. Head does not sweat, dry all over. Bowels acted twice recently and she was sick once. Appeared so weak this afternoon that the mother thought she was dying; indeed, it is obvious that she must do so ere long. Gave acon. 1x and ant. tart. 2x alternately every hour this morning.

To-night to have spong. 12 every quarter hour. If not relieved in three hours to have ars. 30 every quarter hour and two wet packs.

Only harsh breath sounds are heard to-night; at the right base it amounts to bronchial breathing; in this region, the groaning sound she makes penetrates into the ear in great contrast with other parts, *i.e.*, there is bronchophony.

17th.—Lips and tongue abnormally red. Thrush appeared in mouth, respiration increased to 96 and pulse to 166. Temp. 102.6. Breathes less noisily, *alæ* do not move so much. Ars. and bell. alternately.

18th.—Coughs more, respiration 84 per m. Evening.—Convulsions came on this afternoon, not so well since; it came on during a cough.



T. 103.4°. Bronchial breathing, left axilla and left base, with fine and medium crepitation. Patches of fine crepitation at right base.

19th.—The convulsions returned more frequently to-day, respiration mounted to 100. In the afternoon child appeared to be dying. Cupr. acet. 12.

20th.—“Fits” lasted until 2 a.m., and then eased. Takes no notice of any one, getting livid. “Fits” returned in the afternoon. Consolidation of both bases, bronchial breathing with fine and coarse râles. Dullness on percussion. Resp. 84. Mouth and tongue covered with aphthæ.

21st.—Did not rally again. This morning, found her very cyanosed, and with rattling breathing. Pupils equal and active. Died at 12.30.

This case caused me a painful feeling of helplessness and uselessness. On reflecting upon it I have regretted not having given lycopodium. I frequently thought of it during the progress of the case, but I had been so often disappointed with it in these chest cases that I withheld it.

Since the date of this illness I read a remark by Dr. David Wilson recommending that, in acute cases, lycopodium be given very frequently; as often as every ten minutes if necessary. I had occasion to test this recommendation in the person of the sister of the above. I much regret that I have no notes of this case. She was a baby only eight months old, and, as I have remarked, had lost several sisters in early years by chest disease. She was taken ill with bronchitis, followed by broncho-pneumonia, with a temperature of over 103°F., and a respiration ratio greatly in excess of normal. When the patient was at her worst, and both parents and I had almost made up our minds that she must die, I began lycopodium 30 every fifteen minutes. Within two hours improvement was noticed, and in twelve it was manifest that the patient was out of danger.

## SOME THOUGHTS ON THE FIRST VOLUME OF CHRONIC DISEASES.

### No. VIII.

By SAMUEL LILIENTHAL, M.D.

HOW the good old man was derided or vilified about the advice he gave us on page 163: “By mismanagement the patient’s system becomes so irritated that remedial agents soon lose all their power over it, and that the least medicinal influence suffices to extinguish the least spark of irritability; *mesmeric action may then succeed in calming the system.* Let the palms of both your hands rest for about a minute upon the vertex; then move them slowly down the body, across the neck, shoulders, arms, hands, knees, legs, feet and toes. This pass may be repeated. Besides these passes the irritability of the patient may also

be soothed by directing him to smell of a globule moistened with the highest potency of the homœopathic remedy."

The materialists of our own school, from the time of Hahnemann to the present day, did not consider such a nebulous advice of much value, and the heroes of the old school considered brain-weakness must have developed in the cranium of the Sage of Coethen. But how times change! The stone which the builders rejected has become the corner-stone of a new edifice, and mesmerism under the guidance of men like Charcot, Fourrier, Leyden, Krafft, Ebbing and others, is taught and studied as transfert, hypnotism, suggestion, and its applications have astonished the learned world. How much matter does emanate from the physician when by his will-power alone he annihilates the pains or the sufferings of his patient, when by mere suggestion he drives out the devils which tortured that poor woman, and he tells her to rise from her couch and walk away! What molecule or atom is transferred from the doctor upon his patient that the latter becomes totally unable to follow his own inclinations, and with open eyes and a clear mind must follow the dictates of another person, even though the hypnotizer is not in the presence of the hypnotized one. Medical literature has of late years teemed with such cases, taken from hospitals and private practice of old-school physicians, and are accepted as trustworthy and tried; and still there is a class of physicians of our own school who have eyes and do not want to see, who have ears and do not want to hear, who will accept no power in medicine except the microscope reveals its presence, and no proving except made with material doses, and who consider it moonshine what they cannot grasp.

Dynamics above matter, mind above body, life-power above dead clay, such ideas only gradually dawned upon our teacher, and the more thoughts expand in the mind of the people the more homœopathy will show its superiority over the other medical sects. It does not amount to anything that excrescences have grown up on either side, as the faith-cure on the one side, or the bacterial extravagance on the other side; the old-school acknowledges therapeutics as their most assailable point, and as gradually their prejudices will melt, for nobody wants to acknowledge himself defeated; they will accept the truth, as it is in homœopathy, and if were not for the name of homœopathy, which they foolishly hate, they might have accepted it long ago.

On one of the following pages he says: "If the patient should wish to take medicine every day, we may give him daily a dose of sugar of milk of about three grains, all these powders being marked with successive numbers. Long-continued experiments have convinced me that sugar of milk contains no medicinal qualities, its only quality is that of being nutritious."

From old-school literature this assertion of the careful observer has

been fully verified, and thus the difference shown between cane-sugar and milk-sugar. Placebos are thus only to be considered as innocent deceptions ; just as we saw, in a late medical journal, the assertion that a doctor may be justified in telling a white lie. A higher education is needed by the great mass, who of the earth cling to the earth, who still want to see, to taste, and to smell what they take, who from habit are made to believe on the principle—the more the better. As long as we deal with such patients, placebos are a necessary evil, for the benefit of the prescriber, who thus will learn how to wait for the action of the well-selected drug. We are all in too much hurry. Saccharum lactis and tincture of time have done me many a good service.

SAN FRANCISCO, CAL.

---

### LYCOPUS VIRGINICUS AS A HEART REMEDY.\*

By STANLEY WILDE, L.R.C.P., L.R.C.S., EDIN.

AS a heart remedy, I have had some satisfactory experience with *Lycopus Virginicus*.

In one of the worst cases I have ever seen of pericarditis, complicated with bronchitis, where the respirations reached as high as 84 per minute, *Lycopus*  $\phi$ , in one drop doses, was the only medicine that gave any relief, the usual remedies having been previously tried. The respirations, the fever, and the cough were all markedly diminished in the course of twelve hours after commencing the *lycopus*, and the patient made a perfect recovery.

Another case was that of a young woman who, since an attack of acute rheumatism two years previously, suffered much from palpitation and darting pains in the cardiac region. There was a systolic bruit at the apex. *Spigelia*, which usually helps these symptoms, failed in this instance, but *lycopus*  $\phi$  soon produced an amelioration, and, after taking it for a month, there was a complete cessation of both pain and palpitation.

There is a proving of *lycopus* in Cowperthwaite's "Text-Book of Materia Medica," a reference to which shows the homœopathicity of the drug to the conditions I have related. The general action of the Bugle Weed upon the heart is thus described : "Primarily, it weakens the power and vitality of the heart, decreasing the blood-pressure in the arteries, and consequently the tension everywhere, thus producing a condition of cardiac irritability with depressed force. Secondly, it gives rise to cardiac erethism, and, if pushed far enough, would result in hypertrophy with dilatation."

LONDON, ENG.

---

\* From the *Homœopathic World*.

POINTS FROM LECTURES, FROM "THE CHIRONIAN."

—Where the kidneys are originally affected, the phosphates are diminished as well as the urea. This is a valuable diagnostic point which is not often alluded to.—*Dillow*.

—A good treatment for bed-sores is the alternate application of heat and cold, by means of two sponges and two basins filled with hot and cold water respectively.—*Wilcox*.

—Squills is a remedy for many forms of bronchitis down at the base of the lung. The patient coughs and coughs, and finally gets up a little phlegm, giving temporary relief.—*Allen*.

—A characteristic point of differentiation between catarrhal laryngitis and croup is that in the former the breathing is not audible, whereas in croup it is sawing in character.—*Deschere*.

—A binder is useless unless it is broad enough to extend down over the hips. In corpulent women, the binder is a great comfort, but in thin persons I hardly think it necessary.—*Danforth*.

—When ascites in the female is sufficient to distend the abdominal cavity, it will be present and can be demonstrated in Douglas's cul-de-sac, which is often a valuable diagnostic sign.—*McDonald*.

—One maxim which you should fix in your memory is "Help nature." If she wants a high fever, let her have it; if she wants a diarrhoea, consider what she is doing before you check it.—*Allen*.

—In beginning a case of chronic disease don't give sulphur just because it is a chronic disease. You may miss the chance of prescribing the right remedy, as calcarea, which covers a host of cases.—*Allen*.

—The less a baby is handled, the better. It is not necessary to wash it immediately after birth. Wrap it in a warm blanket and lay it in a comfortable position until the mother no longer needs your attention.—*Danforth*.

—A melancholia patient should be bathed every morning with a mixture of one part alcohol to four of water. This keeps the skin acting well. If the skin become dry, oil it with cocoa-nut oil every evening.—*Talcott*.

—Except in periostitis or syphilis, I give asafoetida in the tincture, several drops in half a glass of water. Most hysterical drugs should be given in a strength appreciable to taste and smell.—*Moffat*.

—In a case of gangrene of the foot, Dr. Wilcox used oleate of morphine and oleic acid. This, when painted on the foot, is absorbed and gives relief without the constitutional effects of the opium.

—In whooping-cough, give a dose of the remedy after each paroxysm, no matter how frequent. Then you can tell how your drug is influencing the cough. In diarrhoea also, give a dose after each passage.—*Deschere*.

—If the vital capacity is up to the normal we can exclude all diseases of the lungs and organic diseases of the heart, except aortic insufficiency or stenosis, as the left ventricle hypertrophies to compensate for the deficiency.—*Dowling*.

—In tracheotomy, don't take the knife out of the trachea until you put something else in. In aspirating a perityphlitic abscess, don't remove the aspirating needle until you put a director into it; then you have a guide for the knife.—*Smith*.

—It is the neglect of a slight degree of albuminuria which allows inflammation of the kidneys to gain such headway, and which has made the term "Bright's disease" such a terror to the laity and to the profession. I believe that a nephritis, taken in time, can be cured just as any other inflammation.—*Dillow*.

—In the diagnosis between acute tuberculosis and typhoid fever, I have frequently relied upon the observation that in acute tuberculosis, though the fever is high and the pulse feeble, the patient is active, tossing about; while in typhoid fever with the same temperature, the patient will be exhausted, slipping down in bed, etc.—*Smith*.

---

---

### BOOK REVIEWS.

**A TREATISE ON THE SCIENCE AND PRACTICE OF MIDWIFERY.**—By W. S. PLAYFAIR, M.D., LL.D., F.R.C.P., Physician-accoucheur to H. I. and R. H. the Duchess of Edinburgh; Professor of Obstetric Medicine in King's College; Physician for the Diseases of Women and Children to King's College Hospital; Consulting Physician to the General Lying-in Hospital and to the Evelina Hospital for children; late President of the Obstetrical Society of London; Examiner in Midwifery to the University of London and to the Royal College of Physicians. Fifth American from the Seventh English Edition. With Notes and Additions by Robert P. Harris, M.D. Phila., 1889. Lea Brothers & Co. Cloth, \$4. Leather, \$5. Pp. 671.

Playfair's Midwifery has been so long before the medical profession that its excellencies are thoroughly well known to the majority of obstetricians; this popularity is evidenced by this new edition, the seventh since 1876, which we do not doubt will be taken up like the six preceding ones. Many of the illustrations are old friends and gladly met, while others are new and expressly prepared for this edition. The chief change in this edition, however, is that the obstetric nomenclature decided on by a committee appointed at the International Medical Congress, held at Washington in 1887, has been introduced. Part V., The Puerperal State, is certainly a most elaborately prepared and carefully digested division of the work. It deals with every conceivable phase of this state, including Infant Feeding, General Sanitation, Attentions to Mother and Child, Clothing and Hygiene. Puerperal Eclampsia, Puerperal Insanity, Puerperal Septicæmia, Puerperal Venous Thrombosis and Embolism, all dread apparitions to the attending obstetrician, are here intelligently treated of, and the latest scientific information concerning these and other puerperal difficulties carefully considered. Aside from the routine midwifery talk, there is much to read for the general practitioner which will repay him amply for the time taken from other branches. Of this nature are the sections on Cæsarian Operation, the Transfusion of Blood, and Prolonged and Precipitate Labors. The mechanical part of the work, the letter-press,

binding, and general arrangement are in the customary excellent style of Lea Bros. & Co. We have no hesitation in recommending the text-book.

THE CONCORDANCE REPERTORY OF THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. By WILLIAM D. GENTRY, M.D. Vol. I New York: 1890. A. L. Chatterton & Co. Cloth, \$6.00. Sheep, \$7.00. Half-Morocco, \$7.50. Sold by subscription. Pp. 851.

The first thought which occurs on a cursory running through the pages of this volume is, "What a prodigious amount of work it must have taken to prepare this book!" And the second, on comparing some of the parts with the others, "What remarkable accuracy!" We turned accidentally to page 135, and referred to the bottom sentence: "Disposed to curse, to strike, to think of obscene things; as these mental states came, uterine irritation abated. Lil-tig." This was under the rubric "Str. Strike." We then turned to "obscene," and found the symptom properly given. Under "curse" it is again presented. Surely if one symptom can be thus almost indefinitely repeated there should be no difficulty in finding it in time to make a prescription for a waiting patient. The author says: "The idea which finally gave origin to the work presented itself in the autumn of 1876. The author had found the remedy for a symptom which had necessitated a search in the materia medicas and repertories for several days. The symptom which caused the search is: 'Constant dull frontal headache, worse in the temples, with aching in the umbilicus, and that peculiarity made it difficult to find. After a weary search, and final success in finding the remedy, the author exclaimed: 'If we only had a repertory arranged on the plan of Cruden's Concordance of the Bible, it would have been necessary only to refer to the letter U, and under "umbilicus" find at once the desired symptom.' This, in a few words, explains the purpose and aim of Gentry's Concordance. That its compilation was a gigantic undertaking is but too apparent; that it will prove a boon to the true homœopathic prescriber goes without saying; and Gentry will be as familiar a name in the medical library as Cruden is to the theological study. This first volume is given over to Mind and Disposition: Head and Scalp: Eyes; Ears; Nose; Face. Dr. Gentry gives the principal Characteristics for 420 remedies, so that he cannot be accused of having slighted his work in favor of a few remedies; while, on the other hand, the absence of the Lacs and others of that type, not yet received into full membership, will prove to the low potency prescribers that nothing was taken that bordered on "moonshine sublimated." In neither the Preface nor the Introduction does the author state what text-books on materia medica he consulted; but judging from the number of remedies, a variety of authors was used. The writer of this review takes especial pleasure in recommending Gentry's Concordance because of its simplicity of arrangement (as well as its apparent reliability), and because of the almost insuperable difficulties in the way of using the usual repertories. We have sat at the feet of three as good materia medica men as this country has thus far produced, but notwithstanding our willingness to learn, and our most patient efforts to acquire the art, we were never yet able to "work out" a case *de novo* with repertories, as taught by these masters. So great had become our dislike of the pretended mathematical selection of the symptoms, that

we had practically laid our repertories on the shelf and gone back and studied our *materia medica*, and "dug" our case out by the light shed from Hering, Cowperthwaite, and (latterly) Allen. The General Symptom Register of the latter was a step in advance of the algebraic repertories; but now Gentry comes to us laden with the promise of a feast, directly in the line of our own ideas of a repertory, and we are confident, if the remaining volumes are as well done as this present number, the homœopathic profession will have cause to be thankful for the services rendered, as well as the general public because they will be better treated, more homœopathically, and with less guess-work. Now, brethren, ye who alternate because, as you say, you haven't the time to spend half a dozen hours looking over your *materia medica* for a symptom which if found would be the key to the single remedy, this Repertory properly used leaves you no ground for further debate. Get this book, search it diligently, and you will cure your patients more satisfactorily to yourself and to them.

**ESSENTIALS OF GYNÆCOLOGY (SAUNDERS' QUESTION-COMPENDS NO. 10), ARRANGED IN THE FORM OF QUESTIONS AND ANSWERS PREPARED ESPECIALLY FOR STUDENTS OF MEDICINE.** By EDWIN B. CRAGIN, M.D., attending Gynæcologist to the Roosevelt Hospital, Out-patient Department; Assistant Surgeon to the New York Cancer Hospital, etc. With 58 illustrations. Phila.: W. B. Saunders, 1890.

This is not only an excellent work for students of medicine, but a useful little book for the rusty general practitioner. Its title-page is altogether too modest, for its pages contain many gems of the very latest discovery, which our larger text-books fail to provide. There is a certain charm about a question-book, and especially so when the questions and answers are concise, when the former are in the usual form put at the physician by his patients, and the answers of such material as will satisfy an intelligent layman. Dr. Cragin is very happy in his handling of the subject.

*Scribner's Magazine* for April, 1890.—This number contains the conclusion of Octave Thanet's "Expiation," which has not failed to keep its promise of proving an interesting story to the last line on the last page. More than a passing word should be given to the illustrations by A. B. Frost, and but for the limited space we should be happy to pay him full praise for his fine work. We recall three of these full-page pictures that are simply excellent, the first the "swearing" scene by the firelight; the next the shooting of Parson Collins (also by firelight); and the third the killing of Dick Barnabas in the swamp. Mr. Frost has given an individuality to the characters of "Expiation" that will be as lasting as the illustrations of Dickens by Phiz—which we all know have become historic. Frost's pictures are works of art. "In the Footprints of Charles Lamb" is also concluded, being handsomely illustrated. "The Rights of the Citizen," begun in this number, promises to be of interest and much value to the non-legal reader as well, of course, as to the legal mind. This issue deals with him as a Householder. "The Electric Railway of To-day" carries one into the domain of the most mysterious agency of the age, whose powers and uses are practically only begun.

*Lippincott's* for April gives "A Cast for Fortune," by Christian Reid, as its complete story, with many other short and long stories to satisfy the reader. The leading story deals with life in Mexico, and if any fault may be urged it is that it deals entirely too much with the poetic side to the almost entire exclusion of the prosaic element. The writer hereof spent some time in Mexico, and had a pretty fair opportunity to study the country and its natives; and his impression, like that of possibly nine-tenths of American visitors or whilom Mexican residents, is that it is a most insecure, unsatisfactory country wherein to live or do business. For the purposes of the story the author could with equal success have cast his lines in the mountains of the West, or in the diamond mines of Africa, as the locality has but a trifle to do with the unities of the story; hence, we assume that the Mexican lore was gathered at second-hand, or on a railway jaunt through some especial territory of the State. This criticism is not to invalidate the beauty of the story, which is perfect and worthy of the author and of the magazine which publishes it. It tends to detract from the glamour with which he had been surrounded when we learn that Emin Pasha is the adopted name of a Dutch surgeon sent out by the Holland government.

One of Weeks & Campbell's Ivory Century Calendars graces the editor's desk and forms a handsome as well as valuable addition. As the calendar is practically perpetual its price of 50 cents is reasonable. No. 51 Warren Street, N. Y.

---

### GLOBULES.

—Dr. T. Morris Strong has resigned the position of chief of staff at Wards Island, and will resume private practice in New York.

—The original imported Hoff's Malt Extract, Tarrant's, is the only Malt that ever received an award of merit in Germany. It received the bronze medal at the Hamburg Exhibition last year, and was awarded the first order of merit (a silver medal), at Melbourne, Australia.

—PRESCRIPTION FOR TRAMPS.—

R	Bark of dog.....	ij
	Commercial lead.....	vij
	Sig. In pills.—One every minute until disappearance.	

—*Dixie Doctor.*

—The Southern Homœopathic Medical Association meets at Birmingham, Ala., November 12, 13, and 14, 1890. This in the North is usually about the beginning of the season's hard work, and it is doubtful whether any great number of northern representatives can attend. The preparations being made by the Association look forward to a highly successful meet.

—TOBACCO SMOKE AS A BACTERICIDE.—Dr. Neudoerfer accounts for the anti-bacteric action of tobacco smoke by the presence of pyridine, which is a bactericide. It may be remembered here that in bacteriological laboratories smoking is forbidden, as the smoke impedes the development of the cultures, A conclusive experiment of this kind was made by Israël in Virchow's laboratory.—*L'Union Médicale*, No. 54, 1889.



—Homœopathists cannot too soon return to the old landmarks of Hahnemann. Either the Organon must again be more generally adopted as our text-book, and the repertory be the constant companion of the physician, or the superiority of homœopathic therapeutics, established through long years of patient study and experience, will give way before the pressure of science, falsely so-called, and the greatest truth ever known in therapeutics will be swallowed up in the sea of empiricism.—*Cowperthwaite*.

—STROPHANTHUS IN ASTHMA.—Dr. J. Dezewiecki, Warsaw, Poland, instead of giving narcotics to asthmatic persons, employs strophanthus during the attack in ten drop doses. The seizures may be arrested for a long time by giving it at intervals three times daily. Strophanthine has been shown to lessen the excitability of the vagus.—*The Satellite*.

[Strophanthus is usually given in form of tincture. It is an efficient, prompt, heart tonic, not cumulative. Dose, 2 to 10 drops.]

—STROPHANTHUS FOR GOITRE.—The *Kansas City Medical Index* (Jan., 1890) says that Dr. S. T. Yount, of Lafayette, Ind., states [where?] that he has successfully treated five cases of goitre with the tincture of strophanthus, in ten-drop doses, gradually increased to sixteen, administered three times daily. This treatment was usually continued about two months. If this record becomes confirmed by the experience of others, this note will be well worth remembering.

—The Homœopathic Medical Society of Oregon, with the following officers: George Wigg, M.D., President; B. E. Miller, M.D., First Vice-President; E. C. Brown, M.D., Second Vice President; S. L. King, M.D., Recording Secretary; Emma J. Welty, M.D., Corresponding Secretary; O. Royal, M.D., Treasurer,—has its next annual session May 14, in Portland. Dr. Wigg is a hard worker, and there is every reasonable prospect of a rousing good meeting. Here's luck!

—OSTRACISM.—Dr. Cohen says, "We ostracize no one." Indeed! What does he call refusing to meet a fellow-practitioner at the bedside, or denying him admittance to societies professedly organized for the spread of intelligence in medical matters? He ought to try practice in a small village where he is the only one representing certain truths, and see what it is to have not one friendly counselor to lean upon when affairs of life and death are weighing him down.—*Joseph Lewis, M.D., in Med. Current.*

—A NEW TREATMENT FOR WHOOPING-COUGH.—A German correspondent describes a method of cutting short the violent paroxysms of whooping-cough which is certainly novel. It consists in grasping the lower jaw as if for the operation of reducing a dislocation of that bone, pulling it gently but firmly downward and forward. The originator claims that the paroxysm is infallibly arrested, and he adds that the operation can be performed even without disturbing a sleeping patient.

—"Prof. Allen half apologizes for the 'clinical sections' of his *Handbook*. They alone are sufficient to justify the publication of this unwieldy book, and they alone will make the book cheap at any price to the practitioner."—Samuel A. Jones, M.D., in *N. Y. Medical Times*. (*Italics, Dr. Jones's*).—*The Homœopathic Recorder*.

Now, we call that "cute"—this ability to stroke Dr. Jones's "Der-rick" criticism, and make it praise Prof. Allen's *Handbook*, when the manifest intent of the entire critique was just the other way.

—NITRITE OF AMYL IN HEART DISEASE COMPLICATING LABOR.—W. F. Wright (Ed. *Med. Jour.*) reports a case of labor complicated with mitral stenosis, incompetence and aortic regurgitation. At the close of the third stage the woman was seized with extreme dyspnoea and hæmoptysis, and became deeply cyanosed. Instead of venesection the doctor bled the patient into her own vessels by administering five or six drops of nitrite of amyl by inhalation. The result was immediate relief of all the symptoms with ultimate recovery.

—One of our esteemed contributors, Dr. H. C. Markham, of Independence, Ia., sends us an account of a wealthy farmer in his section, who trudged six miles, through mud and darkness, to reach a point from which he telegraphed ten miles further to a famous "doctor" (for doctor read Christian scientist) to come quickly. The prompt reply was, "Cannot come, but will operate on patient here." The patient was accordingly "operated on" fifteen miles from the base of supplies. The doctor is doubtful as to which way the world is moving, and advises for such conduct a statutory penalty of not less than four courses of lectures.—*N. A. Practitioner.*

—"In the January number of *The Homœopathic Physician*," says *The Chironian*, "we read an article from the pen of one Hitchcock of New York City, in which there is the statement that 'the graduates of this College do not know anything about the principles, laws, and practice of Homœopathy.' The majority of the graduates of our College are successful practitioners of homœopathy and have stood the test of time, *not* being obliged to *relinquish* the practice of medicine for journalistic pursuits in order to earn a livelihood."

Ah, ha, here's another of those thirty-dollars-a-month County Cross-roads editors. What are you training for, Hitchcock? A speciality chair in some University?

—STEAM INHALATIONS—In an Edinburgh professional journal a simple and ingenious contrivance is mentioned, to admit of the continuous inhalation of steam fumes by patients suffering from diphtheria. This is nothing more than the fixing of an open umbrella to the bed, or suspending it from the ceiling, and throwing over this a large sheet, which, falling in a tent about the patient, will surround him with the atmosphere of steam. The steam is supplied by a pipe connection with a kettle or other boiling contrivance that passes beneath the tent. The suggestion is so admirable and feasible that we are sure it will be welcomed by many physicians, who are sometimes at a loss, in the absence of especially devised contrivances, to know how to effect with simple means the end desired in such cases.—*Babyhood.*

—A Mussulman woman has just died in Meean Meer, India, credited with 150 years of age. She was blind, deaf, and dumb, and almost inanimate. She died in the house of a grandson who is over 80.

Jacob Rodgers died recently at Pittston, Pa., aged 111 years. He married twice, and was the father of 21 children—15 by his first wife and 6 by his second wife; 9 of the 21 still live, one of them being 82. He used tobacco for 100 years, and until a few months before his death could read without the use of glasses.—*Western Med. Reporter.*

This proves beyond a cavil that if Rodgers had not used tobacco his life would not have been cut off so early; that he might have lived to the age of the Mussulman woman.

—AN EARLY SIGN OF PHTHISIS.—Dr. Sticker, of Munich, calls attention to a new and readily recognized symptom of phthisis, viz., a bright red line of demarkation between the teeth and the (*sic*) tongue. Sticker has examined one thousand patients for the purpose. He states the symptoms which may precede tuberculosis, such as pseudo-chlorosis, dyspepsia, etc., are very probably the expression of latent phthisis, if the red line is present, and especially in young persons. The absence of the line, especially in female patients, is of no importance. In acute phthisis the line is of a bright red color; in chronic phthisis of a bluish, and in pronounced scrofulosis of a white color.—*Ex.*

But Dr. Snader denies this red line as a sign of tuberculosis.

—The thirty-first Annual Commencement exercises of the Homœopathic Medical College of Missouri (St. Louis) were held at the Pickwick Theatre, March 13, 1890, the degree of Doctor of Medicine being conferred on twenty-three regular graduates, one *ad eundem*, and an honorary degree, as follows:

Max Aszman, W. E. Bruce, J. H. Callan, T. J. Haughton, L. H. Lemke, F. E. Gladwin, L. E. Schoch, Frank Kirsch, D. F. Archer, C. A. Brown, C. A. Canfield, A. E. Knieburg, M. E. McCarty, A. C. Goodbar, E. M. Santee, R. B. Noe, F. H. Aufderheide, E. A. Bohm, D. M. Gibson, H. C. Irwin, G. H. Moser, C. F. Lee, M. E. Ticker.

*Ad eundem* to Dr. Voght, and the honorary degree to Prof. Foulon.

[There now, Brers. Cowperthwaite and Gilchrist, you may as well destroy that little electro about "the lawyer-edited medical journal."]

—EYE WASH.—A safe, cheap, and good eye-wash is made by putting one drachm of the crystal of boracic acid into one pint of soft boiled water; keep in a cool place and bathe the eyes with three or four table-spoonsful of the medicated water, as hot as can be endured, three or four times a day, letting some of the fluid get into the affected eye each time. The above is applicable in almost every case of inflammation of the conjunctiva, acute, subacute, or chronic.—*Ex.*

We take the above from the *Dixie Doctor*, which also has a well written critique on literary piracy. "Ex," like charity, covers a multitude of sins. This eye wash is strangely similar to that recommended and used by Prof. J. A. Campbell, of St. Louis, but yet a homœopath. Was this why the extract is credited to "Ex."?

—Dr. Edwin M. Hale in New-York sendet uns folgende Aufforderung:

Als Mitglied der Abtheilung für Materia medica und Therapie im American Institute of Homœopathy habe ich mir als Gegenstand für mein nächstes Colleg gewählt: „Die pathogenetischen und therapeutischen Eigenschaften der Cactaceen.“ . . . etc. Adresse: Dr. Edwin M. Hale, 65 E. 22nd Street, New York.—*Allgemeine Hom. Zeitung.*

Why are you deceiving our foreign brethren as to your place of residence, Doctor? Do you see now the vanity of fame? After all you have written and published; after all your years of teaching and practice, a friendly journal locates you in a far off eastern city, instead of the metropolis of the world, where enterprise (*chic*) reaches such altitudes that the Eiffel tower is left several hundred feet below.

—CYPRIPEDIUM IN INFANTILE DIARRHŒA.—Dr. Rây, of Melbourne, in *Homœ. Review*, has used this drug for some years in some forms of

diarrhœa and infantile cholera. He says it seems to have a particular relation to that condition mentioned by Gooch and Marshall Hall, as "hydrocephaloid," generally the result of long exhausting diarrhœa, with the following symptoms: Face pinched and drawn; dark pallor of face, almost inclined to lividity; extremities cold; head generally hot; pulse rapid and weak; great prostration and thirst; vomiting and purging; eyes turned up, showing their whites, or squinting; sometimes ptosis of lids; diarrhœa of various shades, odors, and consistency. What particular action the drug has on the intestinal irritation he does not know; but it certainly has a marked effect on the brain symptoms, and as these manifest improvement, there is also an abatement in the number of discharges.

—The first duty of a physician when called to a patient suffering from eclampsia infantilis is to use thermometer, and while this is being done he can make a survey of the case before him. He should ascertain if the child has had scarlet fever; if not, is it in the vicinity; if it has had, how long since; has it whooping-cough, pneumonia, measles, a serious fright; what has it been eating for the past twelve or twenty-four hours; are there any indications of meningitis, malarial affection, etc.? At a glance he can tell whether it is pale, thin, and illy nourished, and whether it is liable to be rickety. It is only after this careful survey that the practitioner can act intelligently. When the thermometer is examined, should it record a temperature of  $104^{\circ}$  or  $105^{\circ}$  the hot bath should never be used, as it only adds fuel to the flames, but on the contrary the cool bath is indicated with cold to the head.—*W. A. Dickey, in Med. Comp.*

—FIRST PREGNANCY LATE IN MARRIED LIFE.—An interesting life-history is published by Dr. A. Neiden in the *Centralblatt für Gynäkologie*, No. 50, 1889. A German couple married in America. The bride was aged eighteen, the bridegroom, a wholesale merchant, thirty. They lived together in perfect harmony for twenty-five years in the land of their adoption. Menstruation had been absolutely regular from the fifteenth year. The couple returned in time to celebrate their silver wedding in Germany, and only a few weeks after the wife had come back to the Fatherland her period ceased. As she was then forty-four she believed that the climacteric had set in, until the symptoms of pregnancy developed. Labor was normal, and a robust female child, weighing nine pounds, was born. The fortunate mother was able to suckle her child. After weaning the period returned, and did not cease till the fiftieth year. In this case the character of the wife was above suspicion, and normal marital relations had been constant until the pregnancy. Although Dr. Nieden enters into no hypothesis, it is reasonable to suppose that the change of climate was the chief factor in curing sterility.

---

TO THE EDITOR:

In your March number it strikes me when Neatby in his case prescribed bry., if he had prescribed kali carb., he would have cut short the case. How does it seem to you?

Fraternally,

BENJ. F. BAILEY.

LINCOLN, NEB., March 18, 1890.

**OH-DONT-LOGY.**

DON'T examine a "sample" of urine, but whenever practicable get the whole twenty-four hours' urine and examine a specimen from this.

DON'T begin to estimate the quantity of urine passed in twenty-four hours when the bladder is full; empty the bladder, and let the reckoning count from the time of the last urination. Begin on an empty bladder and end on an empty bladder.

DON'T fail to ask your patient for urine passed before breakfast, if it is impossible to get the whole twenty-four hours' amount. It is the blood urine.

DON'T put the specimen on the shelf and let it undergo all kinds of changes before examining it. Such a specimen will tell nothing about the condition of the patient.

DON'T leave specimens of urine uncovered. Dirt may fall into it and chemical changes are hastened by exposure to the air.

DON'T get the urine in a dirty vessel. Bottles that are macroscopically clean are microscopically filthy.

DON'T forget that winter urine has a higher sp. gr. than summer urine because the skin and other emunctory organs are not so active.

DON'T think you have examined the specimen because you have made a chemical analysis.

DON'T fail to examine every specimen with the microscope.

DON'T ever place a cold mustard plaster upon a patient; the shock is like a sudden plunge into cold water.

DON'T eat meat, says the vegetarian, if you want to be healthy: if you don't believe this read that story about the cancer eating beefsteak. However, and yet more however, recent reports from India decidedly demolish the vegetarian scheme by showing the excess of cancerous complaints there.

DON'T use the term "laceration of the perineum" unless the sphincter ani is torn.—*Emmet*.

DON'T tampon the vagina in post-mortem hæmorrhages, it only converts the uterus into an elastic sac into which all the life-blood will quickly drain.

DON'T use a poultice about a puerperal breast, as it is dangerous to its integrity and increases the destruction of tissue.

DON'T suffer an excess of milk to accumulate in the newly confined woman. Draw it off promptly for fear of mastitis.

DON'T drink champagne *à la* French cider, because, as a rule, says Dr. Oliver of Havre, it is made with stagnant water, the microbes of which do not perish during fermentation.

DON'T forget that "nothing so quickly restores tone to exhausted nerves and strength to a weary body as a bath containing an ounce of aqua ammonia to each pail of water."

DON'T wear an "aseptic suit" to visit a patient with contagious disease. When your life becomes so valuable that you dare not visit the sick except you are "rigged" up like a professional diver, then you had better sublet your practice.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

BY EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Phila., Pa.

*(Continued from page 156.)*

**PAINS.**

- ACONITE.**—Stitches in the chest, caused by mental excitement ; exposure to dry, cold air ; after wine. Stitches about the chest (Cannot lie on right side ; only on the back ; dry hacking cough (Pleurisy). Lancinations through the chest), with dry heat, difficult breathing, often violent chill.
- ÆSCULUS HIP.**—Stitches through the chest ; stitches go from left to right side.
- AGARICUS MUSC.**—Jerking stitches through the right lung. Oppression of the chest, in the region of the diaphragm, with drawing pains.
- AILANTUS GLAND.**—Excessive soreness and tenderness of lungs. Stitching and aching in the chest, under clavicle. Burning in the right, aching in the left lung.
- ALUMINA.**—Violent oppressive pain in chest, worse at night. Shooting stitches right to left in the afternoon, worse on going down stairs. Talking increases soreness of chest ; lifting aggravates or produces soreness in left chest. Riding in carriage gives pain in the chest.
- AMMONIUM CARB.**—Stitches in right chest ; when stooping ; when walking ; when raising up in bed. Stitches in left chest, prevents lying on left side. Lower part of chest most affected.
- AMMONIUM MUR.**—Pressure and stitches in the chest, as if a morsel of food had lodged there. Painful tension below the right breast. Bruised pain in lower right chest.
- ANACARDIUM ORIENT.**—Sharp stitches in the præcordial region, extending thence to the small of the back.
- ANTIMONIUM CRUD.**—Oppression and oppressive pain in the chest, more right. Sticking in the chest. Pain in the chest, with heat. Burning and sticking in the chest.
- APIS MEL.**—Sensation of soreness, as if bruised or beaten. Dull aching pain in left side of chest, near the middle of sternum, with sensation of fullness in chest and short breath. Stitches in left side of chest. Burning, stinging pains throughout the entire front of chest.
- ARNICA MONT.**—Chest sore when coughing, sputum blood-streaked. Pressive pain in right chest, at a small spot, not increased by motion, touch or inspiration. Stitches in chest (left side), worse from a dry cough, worse from motion ; from external pressure.
- ARSENICUM ALB.**—Stitches in upper right chest. Stitches in left chest only during inspiration. Stitching pain in sternum, from below up, when coughing.
- ARUM TRIPH.**—Soreness in left lung and upper arm, with pressing in forehead. Stitches in right lung and under the shoulder-blade.

- ASAFETIDA.**—Pressing stitches in the chest. Single violent stitches from within outwards, at short intervals ; renewed when the chest is touched.
- ASARUM EUROP.**—Stitches in the right or both lungs during inhalation. Sharp pressure in the region of the last ribs. Pain around both lungs, as if constricted by a thin wire.
- AURUM MET.**—Shooting pains in the chest after attacks of palpitation. Dull stitches in both sides of the chest, with heat in the chest and dyspnoea ; increased by inspiration.
- BAPTISIA TINC.**—Pain in the right lung, less in the left, with soreness.
- BARYTA CARB.**—Sensation of soreness in the chest, when coughing.
- BELLADONNA.**—Pressive pain in the chest, with shortness of breath, and at the same time between the shoulders, when walking or sitting. Stitches in apex of right lung.
- BENZOIC ACID.**—Stitches in the chest, especially on breathing deeply ; evening. Pain about the third rib, right side, midway between sternum and side, increased by breathing. Pain in left side, about sixth rib, increased by deep inspiration and bending to either side.
- BERBERIS.**—Stitches in and around clavicle, also pulsation and burning. Rawness and soreness on the chest ; increased by deep inspiration, with short dry cough. Tearing in the chest, particularly left side. Cutting contraction in the chest, to the abdomen, compels one to bend over.
- BISMUTHUM.**—Crampy, pressive pain through the chest, in the region of the diaphragm, when walking. Burning and boring in the chest ; backache.
- BORAX VEN.**—Stitches in chest when yawning, coughing, or breathing deeply. Stitches in right side of the chest in the region of the nipple, with every paroxysm of coughing.
- BOVISTA.**—Stitches in various localities of chest.
- BROMIUM.**—Sharp stitches in right side of chest, especially when walking rapidly. Cutting pains running upward. Paralytic drawing pain through left chest, toward scapula and into left arm.
- BRYONIA ALB.**—Stitch in upper part of chest, through the shoulders, on inspiring. Chest very sensitive, with stitches on left side, on inspiration. Oppression of right side of chest, with very fine, extremely severe stitches in the right axillary gland. Stitches in the sternum on coughing ; was obliged to hold the chest with the hand. Sharp pain in left infra-mammary region ; worse during inspiration. Sharp stitching pains in chest, below right nipple extending outward, only on expiration. Short but violent stitches in right side of chest, so that must hold the breath and cannot cry out. Tearing stitches in left side of chest, extend from behind forward, are better during rest, worse during motion and on deep inspiration. Stitching pain in region of diaphragm, worse from motion or coughing.
- CACTUS GRAND.**—Pricking pains in the chest, bloody sputa ; hard, quick, vibrating pulse ; sharp, wandering pains in the chest and scapular region.
- CALADIUM SEG.**—Stitches in chest ; to left of sternum ; in right side, with anxiety, better lying on the right, worse lying on the left side.

# THE AMERICAN HOMŒOPATHIST.

VOL. XVI.

NEW YORK, JUNE 1, 1890.

No. 6.

FRANK KRAFT, M.D., EDITOR.

IN our March number we hazarded a few editorial paragraphs touching the wholesale accusation of editorial incompetency of American homœopathic editors; our lines were written and reviewed in a dispassionate way, calmly and soberly, not in the "cool gray of the morning," but under the yellow rays of a midnight lamp, at the close of a hard day's work. We believe it dealt fairly with the parts criticised, quoting them fully, and no unkind allusion was made concerning the personality of the critic. There was no malice prepense; and, while we well knew the danger of dallying with the behind limbs of this *asinus correspondentibus* (Latin *not à la* Meisterschaft System), we hugged ourself with the hope of having kept so far to the rearward, that our individual and editorial integrity would continue intact. Behold, therefore, the hysterical effusion which greets the readers of a recent issue of the New York *Medical Times* under the caption of "American Homœopathic Editors," signed by S. A. Jones, and presumably launched, as an answer, at our even-paced criticism of his review [!] of That Hand-Book.

\* \*

THOSE who have been so unfortunate as to fall under the consuming displeasure of Dr. Jones are familiar with his affected Johnson-ese style of rhetoric; the peculiar knack he possesses of skipping the point at issue, and, in lieu thereof, launching his gray hairs and thirty-three years of grievance as student and doctor against the personality of his victim, rapidly alternating from sock to buskin and back again, indulging his usual tactics, as in this instance, consisting of smutty references (double entendre), billingsgate, single and double "quotes," lapses—Silas Wegg-like—into wooden-legged poetry, also a pedantic parade of lexicon Latin, French and German, Smart Aleckacities,\* SMALL-CAPS, *italics*, double screamers [!!], broken and dashed paragraphs, rows of stars (like the curtain mercifully thrown across the middle of a blood-curdling border tale, or the "blocked-out" Kennan articles in the *Century*, to draw still more vividly upon the reader's imagination for the omitted parts), foot-notes and (sic)s. All the tricks of a small-beer writer to set off a few bombastic utterances. And all of this and these, why?

\* \*

APPARENTLY, *first*, to prove that this editor [ourself] is callow, *id est*, minus gray hair, "deepening shadows of eternity" on the same color of hair, and thirty-three years of "kickings" against constituted

\* "Mr. J. J. Thomas has aptly christened 'Froude's libels' *Froudacity*. We now have mendacity, Froudacity, Jackacity, and Smart Aleckacity; synonyms from one and the same root."



homœopathic organizations and authorities ; hence, incompetent to tell a cloud from a handsaw : *second*, that Timothy Field Allen made one pathological misstatement in the first of his ten-volumed Encyclopædia : and, argal, *finally*, that That Hand-Book, published ten or more years afterward, is unreliable and should be thrown out of the schools and offices. As we know, Dr. Jones will find time in the "cool gray of the morning," with the full sanction of his heart (?), and with the aid of his own or some one else's slop-pail, to thoroughly and satisfactorily besmirch our personal and editorial self, we shall omit any elaboration or negating of the first postulate ; but the remaining two grounds will be dealt with in detail.

\* \*

THE article rings up the curtain on a "Numidian lion, infuriated from hunger," carries the figure along gallantly, with but one footnote, for as many as five lines, then incontinently and for no apparent cause merges the king of beasts in the more congenial character of an "asinus communis," from which latter individual the remaining article practically emanates, though a little diversion is caused, later on, by the introduction upon the mimic stage of "gray hairs" and "the deepening shadows of eternity." Hear this bray :

Some friend has sent me a copy of *The American Homœopathist* for March, and turning to the pages pencil-marked, I find myself wilfully misrepresented and stupidly misunderstood by its editor. Why *will* American homœopathic editors write so ambiguously ? This one disclaims "any purpose of engaging in a wordy strife" with me, nor will he even "defend 'That Handbook'" ; he has simply "the view of holding up our (his) own end of the line primarily." For Heaven's sake which end—ears or tail ? Of course, there's no "choice of evils" here, "primarily," so I must keep an eye on both ends—a doubly delectable spectacle ! One of these indeterminable ends say—"all of them"—the homœopathic journals—are charged with incompetency in matters pertaining to the line of their duties." As regards the "incompetency" ; correct to the dot over the *i* : as regards *all the homœopathic journals* ; pure Jackacuity unless he means that all the *homœopathic* journals are "American"—an assertion that makes me wonder *which* end is speaking. . . . Whereupon *one* of the ends declares, "*He should have given some reason for the faith that was in him !*" (I say "one of the ends" in my perplexity ; for though having something of an ear for music, I could not swear if the above utterance is *tussis* or *crepitus*.)

\* \*

AYE, verily, it is "a doubly delectable spectacle," fit to make gods weep, to see a whilom Professor of Homœopathy in the University of Michigan, a man claiming the possession of the only library from which homœopathic books can be issued or reviewed, a professed friend and self-constituted protégé of that sweet Melancthon of Homœopathy—Dunham ; a man presumably familiar with English Composition, and versed in the rules that govern fair and honorable debate,—indeed it is a spectacle to see him delving among literary offal for nastiness sufficiently nasty to typify the condition of his own "heart," since "in accordance with laws older than the stone-graven tables of Sinai, the fountain cannot rise higher than its source." A proper regard for Anthony Comstock and his agents restrains us from quoting a succeeding paragraph which is quoted, italicized, dashed, and starred after the manner of this rhetorical blacksmith. No one but he would think for one moment of answering a calm, impartial critique with the Chinese weapon of warfare, *i.e.*, stinkboats.

*I said, "Not one of these journals (id est 'American homœopathic') is competent to review the work [That Handbook] that he has praised. Not one of them all has access to the literature necessary to enable a review."*

So he did. What of it? No one else has dreamed of saying so. There is nothing but Jones' say-so for it. Does that prove it?

\*  
\*  
\*

WE might with equal effrontery and disregard of the tenets of "the stone-graven tables" say: "Ex-Judge Jones is a thorough conscientious homœopath such as his old friend Dunham would have him be were he in the flesh to-day; he is a member of good standing of the American Institute of Homœopathy, or of the International Hahnemannian Association; he is a contributing member and a welcome guest of his State and local societies; he is a hardworking enthusiastic journalist contributing learned and instructive papers on Dunham homœopathy to the several journals; he is in touch with and a friend of the recognized homœopathic leaders, authors, and teachers in this and other countries; he is a safe and trusty brother practitioner to call in counsel; and, like the late lamented Dr. Rowsey of Toledo, he is the personification of unselfishness and the friend of the young doctor." All this and more we might give utterance to, and let stand in our journal from issue to issue, and yet at the conclusion of infinite iteration we would still be called upon to prove our statements, when, like Dr. Jones, we could only re-repeat our assertions, possibly in a blacker-faced type, and trust to such "gray hairs" and "deepening shadows of eternity" as might by that time have made their appearance, to tide us safely over the tempestuous sea of trouble. The burden of proof is upon him. How has he met it? We shall see presently. Is Ann Arbor the homœopathic Mecca, and Jones' library the shrine whether all journalistic palmers must wend their toilsome way, in order "to enable a review"? Will not this literary Jove take pity upon the benighted editors, depute some Vulcan to crack his pate, give birth to the imprisoned homœopathic Minerva, and thus save precious time and wear and tear of sandaled feet for all the years to come?

\*  
\*  
\*

MARK this apostrophe to something or other which can have no possible relation to the matter in hand:

Of the long and weary years of hungering and waiting for a complete text of our *materia medica* in our mother tongue, this editor knows not; *he* never felt that "famine in the land"; *he* never shared in the delight, that lit up our faces when at last it was said that the crying shame of American homœopathy was about to be blotted from our history.

What Joseph was this to come into the homœopathic Egypt and still the famine, who left not only his outer garment but his lecherous body in the hands of Potiphar's wife? What Messias was this who failed to connect on the light business? What Stephen was this who was stoned before he could blot out "the crying shame of American homœopathy"? Can it be —, but, no! Even he, with all his multitudinous attributes, cannot be referring to himself. But "why *will* American contributors write so ambiguously?"

To-day *he* does not know the trust betrayed, the hopes belied, in that the bread of our life is still adulterated, and all because, in accordance with laws older than the stone-graven tables of Sinai, *the fountain cannot rise higher than its source.*

Oh, yes, he does. He knows of two or three flagrant cases of trust betrayed, and of hopes belied; so far as the "bread of life" being still

adulterated, that doubtlessly has reference to the exhibition of heroic doses of crude drugs for physiological effects, and mayhap also to the giving of whisky and quinine in septic fever when called in consultation as a homœopath by a homœopath. But the source and the fountain—what are they here for? Grant, however, that Hahnemann is the source referred to, and Jones the fountain,—we will “play” such to be the case (though we might very properly assume, since Hahnemann did not enjoy Jones’ acquaintance, and did not have so large a library as Jones, and could not have written as intelligently as Jones, that, therefore, Jones was the source, and so on and so forth)—will this Sir Critic have the “double hardihood of ignorance and impudence” to claim that Grand Master Hahnemann would have presented to him the right hand of fellowship, and commended him for attacking a homœopathic work of unquestioned merit, reviling its author, and publishing his calumniation in the pages of a journal which has openly and defiantly thrown down “the shibboleth of a trade-mark” [Homœopathy], and has been and yet is engaged in a more than personal warfare with the victim of his attack? Does the shade of Carroll Dunham smile benignantly upon his erstwhile friend and companion for such conduct? The heavens forefend!

\* \*

**A** GAIN, we quote a reason for the casting out of That Hand-Book:

Of an iniquitous adulteration, [That Hand-Book] it remained for the editor of an *American* homœopathic journal [ourselves] to declare, with the double hardihood of ignorance and impudence [ourselves, again, please]—“A *part* must be taken for the whole!”

And, yet, with an inconsistency that is in complete consonance with the hysterical nature of the whole effusion, Dr. Jones gives *part* of a quotation from the *Annals of the British Hom. Soc.*, p. 984, No. iiv., [?] February, 1882, and asks his readers to condemn the *whole* of a ten-volumed Encyclopædia, because in the *part* quoted he claims to have discovered an error! To what does this quoted *part* allude? To That Hand-Book? Go to. Not a bit of it. Neither Dr. Jones, nor any other Jim the Penman, has so far produced the first, solitary, isolated reason for denouncing That Hand-Book! No! The *part* refers to a pathological misstatement which might have been a typographical slip, made or alleged to have been made in the first volume of an Encyclopædia published ten or more years ago. Not a word, not a syllable, not a letter, not the ghost of a whisper is uttered by Dr. Jones to show that this alleged error, or any other, has been repeated in the Hand-Book.

\* \*

As the “*Encyclopedia*” is the acknowledged source of the “*Handbook*,” does it begin to dawn upon the callow editor of *The American Homœopathist* that my veiled hint about a *core of solid truth* may not have been “really unfair” IN THE FACE OF UNANSWERABLE FACTS? May not have been “hypercritical!”

**T**HERE, now, we have the long longed-for connecting link. Because the same brain which edited the Encyclopædia years and years before, has produced a Handbook, *ergo* they are both faulty and untrustworthy. Does this begin to dawn upon the callow editor? It does *not* dawn in that peculiar fashion. The darkness of the deep still rests

upon the veiled hint. Take away the veil and let us see the hint in all its pristine nakedness. The callow editor wants to see the FACE of one UNANSWERABLE FACT before he permits the rosy-fingered dawn to disturb his dream of serenity and peace. The callow editor persists in insisting that it is hypercritical in the superlative degree to condemn the Bible because the scientific advances of a later period have proven some of its earlier books to be defective. He insists that it is really unfair to cast out Shakespeare because some historical bookworm has found him chronologically and historically inaccurate. He insists that Bacon's published works are stars of the first magnitude, notwithstanding Macaulay's "wisest, best, and meanest of men." He insists that the "Charge of the Light Brigade" will go ringing down the echoes of time as a bit of master poetry notwithstanding Tennyson preceded and succeeded it with many, many effusions that would be returned as "Not Available" by *The (Weakly) Arizona Kicker*. He insists that The Grounds of a Homœopath's Faith contain the same quantity of refined gold to-day, as when first uttered, notwithstanding that its author is now at sword's points with every member of the school. He insists, with a persistency that is like to prove monotonous, that a child stands upon its own record and not upon that of its ancestors. In short, that That Hand-Book must stand on its *own* merits, and not be damned because of an alleged slip of one of its elder brothers. *That* is how it dawns upon this callow editor.



AT last we reach something tangible :

I wrote my notice of the *Handbook* not in "the hurly-burly of editorial work, but in a suburban town whose quietude is well known to Dr. Kraft. I wrote, as he also knows, almost under the eaves of a "homœopathic" college which is in the stage of a fatty degeneration immediately preceding absorption, and all because it is vainly attempting to palm off the *name* of a thing for the *thing itself*. I wrote, as he still further knows, crowned with gray hairs, on which the shadows of eternity are daily deepening—does he think I wrote in JEST!

What an absurd jumble of bathos and pathos! Cannot a man write in the quietude of a suburban town, under his own or some one else's eaves-trough, and with gray hairs, and yet write in jest? Why this appeal to gray hairs and the deepening shadows of eternity? Do not the shadows of eternity daily deepen on red or black hair as well as gray—or do the shadows of eternity have a trust on gray hairs? "Does he think I wrote in JEST!" Nay, forsooth, he does not. Now, it so happens that at the conclusion of the last volume of the "defective" Encyclopædia, Dr. Timothy Field Allen wrote a letter of thanks to Dr. Samuel A. Jones for the complimentary words and encouragement written to said Allen by said Jones; which the same, the afore-said letter is to-day pasted in front of Vol. X. of Dr. Jones' set of the Encyclopædia. If, therefore, Dr. Jones has not latterly been writing in jest, and his only grievance is a misstatement in the first of ten volumes, why did he wait to make a personal fight on Allen until ten years and more after argent. nit. appeared in its order? Did this possible typographical error escape his lynx eye for lo! these many years, and was then only noted at second hand? Is it not altogether likely, if more "fulsome" attention had been given to the putative parent of picric acid as a homœopathic remedy, by Allen in his several publications, he might still have Jones chained to his chariot wheel a willing captive?

ONE last quotation :

*Post Scriptum.*—I wrote from my heart at night, and in the calm, cool gray of the morning I have reviewed it. With my heart's sanction I now send it. I have earned the right to make such an utterance. For thirty-three years, as student and "doctor," I have served the homœopathic school, according to my light, in an unswerving fidelity. As a student I was punished for protesting against shams in a homœopathic college; as a journalist I am deemed "personal" for calling things by the only names they can bear in the *lumen siccum* of eternity. As a gray-haired man, I find myself standing by the convictions of my earliest manhood—standing firmer, despite all my failings. I am content. I shall at last be judged by a greater than Cæsar. I do not shrink from even his arbitrament.

Of course, being the product of an hysterô-epileptoid diathesis, there must be a post scriptum, and, as usual, the post-scriptum contains the real gravamen of the communication. Who that has watched the "unswerving fidelity" of this Marie Bathshirtkuff can fail to see the truth between the lines of this P. S.? The pity of it, Iago! He leaps into the arena with the roar of a lion, dwindles away into the bray of an ass, dons the cap and bells for a few fitful paragraphs, and closes with the inverted thumb—an appeal to Cæsar, and the "*lumen siccum* of eternity." What can be the moral condition of a heart which sanctions such rot and rotteness as was reviewed in a *sober* moment in the "cool gray of the morning." Not thirty-three nor yet three hundred and thirty-three years of "kicking" earns for any man, with or without gray hair, the right to vilify another and detract from the value of his labors. As for the gray hairs, which have been so frequently paraded, like Cæsar's wounds in the market-place, we fail to see what relation they bear to the Incompetency of American Homœopathic Editors, or the value of That Hand-Book; if they were injected into the argument as proof positive that gray hair and great virtue are synonymous terms, we shall mercifully refer him to a certain Reply of Mr. Pitt, whose sentiments we make our own.

\* \* \*

THERE is at issue something far more important, far more vital, than the "personally conducted" recriminations of Jones and Kraft. In the plenitude of time these worthies, having had their proper exits and entrances, will merge into the condition of the lean and slippered pantaloons, *sans* everything, and presently be gathered unto their fathers and be—forgot! But the truth will prevail. The value of That Hand-Book, will not cease because of the bar sinister given it by His High Nobility, Jones. If it is a fraudulent publication, NOW is the time to produce the evidence, before the fulsome laudations" of *all* the American journals and the recommendations of such master spirits in homœopathic materia medica as Cowperthwaite, Lilienthal, and the Allens have misled an unsuspecting and trustful homœopathic profession to their own permanent undoing. As Dunham says: "It is hardly necessary to add that inasmuch as offensive language and odious epithets lend no strength to argument nor sweetness to persuasion," we indulge the hope that our critic will now give us the defects of the Hand-Book. Let him for once in his life forget his stupendous attainments, and his untold manifold sacrifices for an ungrateful profession and school; let him, for the only time in his life, bridle the nastiness of his pen and give his attention solely and seriously to the question at issue: to wit, That Hand-Book; let him forget

for the nonce the callowness, the green goslinghood, the extreme youth and inexperience, the absence of gray hair and deepening shadows, together with all the other many moral, physical, and mental defects of this editor, and give a listening, waiting, hungering world access to his prodigious intellectual storehouse. In fine, turn *off* the sewer connection, and turn *on* the incandescent !

---



---

### OPEN COURT.

—Prof. T. J. Crofford, of the Memphis Medical College, delivered an address to the 1890 graduating class, which taken by itself is one of the most eloquent word-paintings that we have latterly read. One would suppose that the professor was a practitioner of divinity rather than an old-school doctor. For instance :

"Ah, brilliant young man out there, I want to fire your ambition—I want to help you grow out of all the clothes that have been cut for you. I want you to grow so large that they can't label you—so hugely great that nobody's label will go half-way round you. With no malice toward homœopathy, no prejudice against eclecticism, or any other school, let us to-night launch out upon the ship of modern freedom—the swan-necked goddess of reform—out of whose starry eyes the light of tolerance and liberty is beaming. Let's have no intolerant sentiment penetrate her throbbing heart, no dogma furrow her brow. Let's have no beclouding creed circumscribe her ; but as she glides upon the placid waters, let her boundaries be the silent stars above and the limitless universe around, and may nought hover o'er her save the angel of truth from the arch of the sky. . . . Lie still, my love, lie still, and dream of the halcyon days to come. Lie still, my love, lie still, while we plait a wreath upon her brow, and christen her the sweetest name in all this world. It is the name of CHARITY."

And yet this Cicero is an active member of a society which has made it an offense punishable by expulsion to counsel with a homœopath.

—HIGH POTENCY ALLOPATHY.—I witness the most exclusive practitioners of our art reporting cures made with the highest potencies of a drug which has never been proved, whose indications are wholly clinical. This surely is not homœopathy. It is certainly high potency allopathy. There is, I am sorry to see, an increasing tendency, even among those who use the highest potencies, to prescribe from clinical indications, and to depart from the strict law of homœopathy. All my life I have been fighting this tendency.—*T. F. Allen.*

—The annual session of the American Institute of Homœopathy will begin on June 17, and continue from day to day, closing on the 20th. We bespeak for it the same amount of enthusiasm as was so evident at Minnetonka last year. The absence of our President will be a sad blow to the Institute. His advance circular showed a praiseworthy determination to make this session the equal of any that preceded it. Let it not be forgotten that we were cautioned last year that

no attempt would be made at Waukesha to rival the munificence of Minnetonka, but that every member would receive courteous treatment as well as a hearty welcome. A few repetitions of Minnetonka would soon unfit the Institute for active duty in the sessions. It cannot be too often emphasized that the first duty of the Institute is the upbuilding and protection of the interests of homœopathy, and that the social feature must never be suffered to get the upper hand. That there must be something added to the sessions to draw a "crowd" seems to be one reason for selecting high-toned watering-places for the holding of the sessions; we think, however, it requires no extended argument to show that it would be to the interests of homœopathy if but a few deeply interested homœopaths would assemble on business intent, than that several hundred came intent on having a jolly good time, and absenting themselves from the sessions except from such bureau wherein their own individual paper is like to be read. What is there so fascinating in watering-places to the ordinary homœopath out for an airing—of his opinions? It can't be the hotel bills; it can't be the extra accommodations; it can't be that the average homœopathist is a jaded, worn-out *roué*, seeking the waters as Ponce de Leon did, and for the same purpose; it can't be that the homœopathic physicians all live in "dry" localities; and, yet notice that for years past the Institute hies itself to the high-toned watering-places, instead of going to some city with plenty of hotels and restaurants; with theaters; with enterprising, progressive dailies; with hospitals, churches, saloons and—jails; we are "cabined, cribbed and confined," males as well as females, in one large caravansary, under the dominion of the waiters and hackmen. We "kick"; we are not hydropaths.

—WAS THIS A VERATRUM ALBUM CASE?—Mary Nelson, the erratic young woman from Arkansas, whose hysterical actions in a Main Street cable car on Saturday night caused much excitement on Twelfth Street, figured in another sensational episode last night. Mary, after her break of the night before, was sent to the City Hospital. On the way there she insisted on kissing and hugging the police officers in whose charge she was, and they were compelled to submit to her caresses.

The hospital authorities released her yesterday, and she immediately began a repetition of her antics. She caused quite a sensation along Twenty-first Street last night, running up to every man she met with an entreaty to be kissed. Word of her exploits was telephoned to the police station, and the ambulance was sent after her. When the officers reached Twenty-first Street she had already disappeared, and the wagon followed along her trail. She was heard of all along the route, and, finally, after some three hours' hunt, she was located in a small Baptist church on Twentieth Street near Indiana Avenue. She had invaded this edifice after the beginning of the service, taking a back

seat, and for a time no one noticed her. The eloquence of the preacher seemed to have an exhilarating effect upon her, however, for she suddenly left her seat and electrified the congregation by rushing up and throwing her arms about the neck of the astonished preacher.

The religious services were suspended at once, and all the efforts of the entire congregation were directed toward quieting the young woman, who again began her hysterical performance, passing from one swoon to another. The arrival of the police ambulance released the preacher and his flock from their embarrassing position, and she was again returned to the hospital.—*Kansas City Times*.

—The last issue of the *North American Journal of Homœopathy* gives an explanation of the much-ridiculed answer given by some member of the County Society as to what constitutes a homœopathic physician. It appears that "the law of New York State imposes an obligation upon all physicians to be a member of some county medical society"; and that every member of the Homœopathic County Medical Society of New York is required to subscribe to the condition that he practices upon the principle *Similia similibus curantur*. With this addendum the muchly pilloried answer becomes intelligible and rational; and we hasten to espouse its cause. The resignation of Strong as Chief of Staff of the Ward's Island Hospital is a straw showing the current of the wind, which the banquet and reception given him by his former colleagues cannot sensibly alter. Evidently Strong, who is a sterling homœopath, could not longer endure occupying a false position; his resignation at such a time is eloquent against the management.

—HOMŒOPATHIC COLLEGES AND JOURNALS.—We are willing to offer a reward for a college where any one may learn homœopathy pure and simple, without any feeble imitation of allopathic teaching. We are willing to increase this reward for the purpose of having pointed out to us any journal purporting to be homœopathic, with the exception of Dr. T. S. Hoynes's *Medical Visitor* and *The Homœopathic Physician*, which does not bear, either in its reading matter or advertisements, sufficient evidence to prove that it is prostituting the fair name of Homœopathy for the sake of a few dollars.—*The Homœopathic Physician*.

It is matter for sincere congratulation that the *Homœopathic Physician* continues to be simon-pure in contributions as well as ads., and that it has survived so long. It is matter for further felicitation that the "List of Homœopathic Physicians" and "Good Locations," of the *Medical Visitor* continue to be homœopathic, as well as the Kenosha Water Cure, The Decolorized Aqueous Hydrastis, Dr. Hall's Tar Plaster, and The Lion Brewery advertised in the May, 1890, issue. So,



further still, it tickles us immensely to find this homœopathic-Hahnemannian jewel on page 136: "It [the remedy] was undecided, and in such a grave case [we] gave TWO remedies [Silicea and Alumina] hoping thus to cover both groups of symptoms, and consequently remove the pathological changes of which they were the indices." Is not this "sufficient evidence to prove that it is prostituting the fair name of Homœopathy," and so on and so forth? Call in the reward, gentlemen of the *H. P.*: you alone are immaculate!

—THE HOMŒOPATHIC PHYSICIAN.—The rule of our Homœopathic Society in New York compels each one who unites with it to declare that he believes homœopathy to be the best way of treating the sick; and when a man publicly unites with the Society and signifies his assent to this proposition he publicly declares himself a homœopathist and does the best he can to practice homœopathy, and therefore he must be known to the public as a homœopathic physician. Some practice homœopathy more, some less, each according to his knowledge of the *materia medica* and his ability to apply it in practice. There can be no middle ground. A man believes homœopathy the best practice, follows it as much as he can, and is entitled to be called a homœopathic physician. A man professing to be a Christian publicly acknowledges his faith, endeavors to live up to it and therefore is entitled to be called a Christian.—*T. F. Allen.*

—Dr. Foulon, the bright and clever Collector-in-Chief of the contributions literary as well as financial for the *Clinical Reporter*, reads the editorial writers of the homœopathic journals a lecture, the upshot of which is, that the contributors ought to be and are the editors, and that the reader cares nothing for individual editorial opinions; in short, that the ideal medical journal is a conglomeration of personal experiences at the bedside, paste-pot, scissors, and ads. This view is not a new one. We all know that the *N. Y. Tribune* would have been just as ably conducted and have proved just as powerful for good without Horace Greeley as with him—if the contributors and advertisers had "run" the machine. We all know that Meissonier's paintings would have attracted quite as much attention, and brought an equal sum, had the signature of "John Smith, pinx.," been used, and the hanging been in a Fifth Street (St. Louis) auction sale of paintings, instead of the Paris Salon. We all know that the *Medical Era* would be just as popular and successful without Gatchell as with him; and the *North American Journal* without the keen and incisive logic of a Dillow: in fact, we have not a case in point in *The Hahnemannian Monthly*, which has fallen from its previous high estate under Pemberton Dudley with an opinion, to its present highly scientific assortment of learned disquisitions and ads. and—nothing else? Therefore, to be cock-sure for our pattern,

we turn to Dr. Foulon's April number and we find first "The Gospel of Homœopathy," which is *not* contributed, being really an editorial, holding up the *International Medical Annual* to mild ridicule. Next we find a reverend gentleman enlightening the *homœopathic* graduates on Spiritual Work. Then follow an extract from the *Mass. Med. Journal*, and another one from the *Weekly Medical Review*—let's see, both are homœopathic journals, are they not? Then Dr. Gallavardin (not Dolly Varden) of Lyons, France, is translated with some very original homœopathy into a number of pages of this issue. The homœopathy of "Briefs" appeals instantly to the most cursory reader. We'll say nothing about the ads just now. Oh, indeed, yes, sir, the best *homœopathic* journal is edited by the contributors.

---

---

### THE ALTERNATION OF REMEDIES.

By E. M. HALE, M.D.

YOU ask—in the last number of the HOMŒOPATHIST—some one to defend the practice of alternation. Now I do not think the practice needs an elaborate defense. That the practice in our school is almost universal, admits of no doubt. Even those who oppose it most strenuously, do it oftener than they will admit. We who practice it admit that it would be more scientific and exact to prescribe only one remedy at a time, but we do not see how it is feasible, for many reasons.

I. It is almost impossible to spend the time to select a single remedy in the sick-room or the office, unless our practice is very small, and patients will wait for the slow process. There are times when, owing to the severity of the case, we *must* prescribe immediately. I do not know how it is in the East, but here in the West the physician who hesitates, or acts as if he had to study the case,—of colic, for instance,—or refer to a book or memoranda, would be incontinently "fired out."

In a severe case of acute illness, two or three medicines appear before the mind of the physician. He compares their salient symptoms with those of the patient, and if one does not seem to cover all the symptoms, he naturally prescribes the two best indicated.

II. In many cases it is impossible to make one remedy cover all the symptoms of the patient. Hahnemann recognizes this difficulty, and in order to avoid giving but one remedy, he gives the singular direction, that the remedy which covers the most symptoms be given, until those symptoms disappear. This method has always seemed to me a blot on the judgment of our Great Master. Why should we allow a part of these symptoms to go on unchecked; symptoms which may be a serious menace to the patient? Can we remove a part of the symptoms of a pneumonia—leaving others? A pathological entity is at the

bottom of all diseases, and we cannot remove a portion at a time. Then again, two diseases may attack the body at the same time. A patient may have a catarrh of the head with neuralgia of the face, and at the same time a diarrhœa from improper food or impure drinking water. Several times I have seen such a double disorder due to different causes.

In one case croton tig. was the indicated remedy for the intestinal trouble, but the patient was suffering severely with neuralgic pains on the left side of the face and eye. Croton tig. has no such symptoms of the face and eye, but spigelia has, while it had not the diarrhœa with which my patient was suffering. Now, should I have let her suffer with the diarrhœa while I cured the prosopalgia—or *vice versa*.

The aim of the physician should be to cure his patient, not to play with dogmas, or rules. I gave both in rapid alternation, and had the satisfaction of seeing both disorders disappear in a few hours.

I repeat—it is impossible to find the *similimum* for a vast number of complicated diseases. Take the example of cardiac disease, associated with Bright's disease. The heart may have become diseased from the effect of morbid products in the blood—from the kidneys—or the kidneys through the heart, from chronic stasis of the venal circulation.

Here it is absolutely necessary to use two or more remedies, to combat the existing pathological conditions.

III. As I have once before asserted (in a paper read before the Wisconsin State Homœopathic Society, 1889) there is no truth in the dogma that *two or more drugs, when given in alternation, or combination, antidote each other*. This can only occur when drugs are given in large quantities, and are *known to be chemically incompatible*. We may give aconite and belladonna in small doses in alternation, or in combination, and each will seek and act upon the organs and tissues for which it has an affinity. If they act *differently* on the same tissue, the one will *modify* (not antidote) the other. If they act *similarly*, the action of the one will only *intensify* (not antidote) the other.

The above briefly states my convictions and belief, relating to this subject.

No. 65 Twenty-second Street, CHICAGO, ILL.

---

---

### THE TREATMENT OF MALARIA BY QUININE.\*

By WM. D. GENTRY, M.D.

AT the last meeting of the Southern Homœopathic Medical Association the President in his annual address made the following statement:

"The diseases met with in many parts of this extensive country are

---

\* Prepared for the Mo. Institute of Homœopathy.

of a character differing from and of a type more malignant than those found in the Northern and Eastern States. These do not especially interest the major part of the profession, and consequently are neither taught in colleges nor discussed in society meetings."

This statement produced considerable comment in the journals published throughout the country; one of which, the *Northwestern Journal of Homœopathy*, in an article entitled "Homœopathy in the South," in the December number of that paper, wrote as follows:

"We have heard it remarked many times in the past, that one reason why homœopathy did not take deeper root in the South, was that the homœopathic physicians in that section were such in name only, and that with most of them it would be difficult to discover on what basis they laid claim to the title. . . . One thing is certain, and that is, only that homœopathy never flourishes where its practice is not distinctly different and palpably superior to that of the old school. If there is no difference between the practice of the two schools, if the homœopath prescribes allopathic drugs in ponderous doses, and boldly proclaims to the world the inefficacy of any other method of treatment, we should hardly be surprised if the laity accepts the same doctrines and employs an allopathic physician. These doctrines seemed to crop out with mortifying frequency in the papers and documents of the Southern Association. Even the venerable Dr. Holcombe, and Dr. J. H. Henry, and many lesser lights, boldly proclaim that *Quinine* is the only reliable remedy in the malarious districts of the South. Fudge? We used to hear the same story about the malarial districts of the West, but don't hear it so often nowadays, for the reason that we have proved that it is not true. And so our friends in the South will find out eventually. That quinine is a great remedy in malarial conditions, when indicated, no one ought to question, and that homœopathists have a perfect right to employ it under certain definite circumstances and conditions is beyond controversy; but any such sweeping statements as our Southern brethren make are not worthy of well-educated and sincere homœopathic physicians."

My attention was called to this article in the *Northwestern Journal of Homœopathy*, with the request that I should explain the position of a number of homœopathic physicians in the South who entertain views similar to my own regarding the treatment of malaria by quinine.

Physicians living in the Northern States who have never seen the active, pernicious, and malignant effects of the malarial poison are not competent to judge. When I first went to Memphis, Tenn., I thought myself that it was nonsense to give quinine except in finitesimal doses according to the homœopathic law. But I very soon found out by experience, when a patient was at death's door, and when there was no mistaking the fact that if there was any delay in giving

the remedy which would prevent another paroxysm, death would ensue, and knowing that quinine would prevent another attack, it was criminal not to give that remedy. Again: that people of the South generally know that quinine will control chills and fever. And if a homœopathic physician is called and prescribes the *similia* as he would in any other disease, he would fail in a majority of cases to give relief under three or four days and probably a week. People suffering from chills and fever will not allow themselves to be "trifled with" or "experimented with" as they say, and on the first failure of the homœopath to prevent a recurrence of the paroxysm, down would go the quinine or else an allopathic physician would be called. "Nothing succeeds like success," and homœopathic physicians who locate in the South soon find, as I did, that quinine is "Sampson"; that by its use it will enable him to retain and save his patient, when without it he would lose both patient and reputation. The fact of this matter is, that we must all accept the fact and bear it in mind that *malaria is a poison*; and that every case has to be treated, if successfully treated, by an antidote.

The fact must be recognized by all that in the treatment of diseased conditions there is antidotal as well as chemical or therapeutical agents. If an afflicted person presents symptoms produced by disease similar to those produced by some drug, and those symptoms are not being produced by a poison, then that drug will cure it by the law of *similia*. But if an afflicted person presents symptoms which are unmistakably produced by poison, and that poison is continually being taken into the system and is present in the blood, then that poison must be antidoted. And as soon as it is antidoted the patient will have a chance to recover. In such a case it is foolish to administer homœopathic remedies, as much so as it would be for a physician called upon to treat a case of poisoning by arsenic, if he should give arsenic. He would have to administer the antidote to the arsenic before there would be any chance for the recovery of the patient. And so it is in the treatment of malaria. Let it be known by all men (again I say it), that *malaria is a poison*, which if taken into the system by inhalation, in water or in food, or by absorption, must be antidoted.

Quinine is not a universal antidote to malaria. It does not antidote malaria in all cases; only in the majority of cases. Hence it is universally recognized in the South as being the best antidote remedy. Quinine has not given me in my practice in the South full satisfaction. And many years ago I was led to search for a better remedy. In studying over the matter I reasoned thus: In America, Peruvian bark or some of its alkaloids is generally used for the cure of malarial diseases. In Africa and Asia, near the Isthmus of Suez and along the Mediterranean, and along the eastern coast of Africa, the bark of the

Beber tree or its alkaloid, sulphate of beberine, is used as Peruvian bark is used in our country. In Australia, where the eucalyptus tree is indigenous, and wherever that tree is grown in other countries, malaria does not exist. Now then, these three remedies from the antipodes must have the power of antidoting the malarial poison. We will combine them and have a perfect and universal antidote. And now, for the benefit of the practitioners of the South, I will say, that this combination has proven the true antidote in my hands, and proven itself far superior to quinine. Wherever I have practiced medicine the use of this remedy has enabled me to secure a widespread reputation by my ability to quickly cure every case of malaria presenting itself.

I do not think that my colleagues in the Northern and Eastern States can charge me or any practitioner in the Southern States with a departure from the law of *Similia similibus curantur* in giving quinine or the new combination of berberine, bisulphate of quinine, and eucalyptus, to antidote malarial poison.

Let it always be remembered that our treatment is antidotal.

We are opposed to the indiscriminate use of quinine. Frequently its administration results in producing cinchonism, from which the patient suffers more than would have been the case if the disease had been left for nature to cure. There are some constitutions that cannot endure Peruvian bark or quinine in any form.

Persons afflicted with any disease in the Southern States during the malarial season, and sometimes during the non-malarial season, will present malarial symptoms which would never have been presented had the patient not been afflicted by some other disease. In such cases discretion must be used. The diseased condition presenting symptoms indicating some remedy according to the homœopathic law, must be treated with the homœopathic remedy and the malarial complications overlooked. It is found that the homœopathic remedy then will quickly and satisfactorily cure the patient. Of course we did not undertake to discuss this branch of the subject in this paper. Neither have we time to present arguments and considerations connected with this subject which are apparent to all. The design of this paper is to present and emphasize the fact that *malaria is a poison, and that as a poison it must be antidoted. And that quinine is an antidote.*

In justice to my colleagues in the South I want to say that because they use an antidote for malarial poisoning, they are none the less homœopaths, and, so far as I know, give remedies according to the homœopathic law whenever a diseased condition presents itself.

To such as desire my formula for the preparation of the combination referred to above, I will gladly furnish the same on application.

ROGERS PARK, ILL.

## SEPIA FOR RINGWORM.\*

By E. A. NEATBY, M.D.

I LAST year expressed the opinion that in recent cases of ringworm sepia is usually competent to cure, and that as quickly as local remedies, if not more so. I will give briefly three cases in support of this position.

CASE I.—Jan. 14, 1888.—B. H., aged fifteen. There is a round scurfy patch at the left side of the head, of the size of a five-shilling piece. The scurf is on a red base, and there is some œdema and tenderness. It appeared to be threatening suppuration; the patch is irritable. The hair has not been cut, but there are a few short broken hairs. There are other spots which look less like tinea, they have no short hairs, and they are bright red and swollen. Hepar sul. 3 trit. gr. iij. ter die.

Jan. 28.—This patch has extended and several new ones have appeared. There are many short broken hairs now. The diagnosis of tinea appears clear, although no microscopical evidence was obtained.

Feb. 2, 1888.—The surfaces before seen are clear (devoid of scurf) and reddish. There is no œdema now. A new scaly patch has appeared on the back of the neck. The epithelium contains spores. Most of the patches begin as raised painful lumps, from which the hair falls subsequently.

March 10.—Fine hair beginning to grow.

April 21.—Hair well grown and strong. Took sepia 6 and 12 throughout.

CASE II.—Feb. 4, 1888.—Wm. G., aged fifteen.—Has a ring of tinea circinata at back of left shoulder over border of trapezius. It is 1 in. across, a very perfect circle; it itches slightly. Brother has tinea tonsurans. Slide crowded with spores, and some mycelium.

May 12.—His mother reports that he was quite well in a fortnight.

CASE III.—Ella P., aged six. This is a specially interesting case, and deserves to be more fully reported, but space forbids. On September 24, 1887, her mother brought her to me saying that every five weeks she has attacks of sore throat, with redness of face, severe headache, heavy feeling, and vomiting. Each attack lasts three days. There was a white patch on the left tonsil when I saw her.

On Nov. 12, she had a slight attempt at an attack, having taken calcarea 3 and 12 since end of September.

On Dec. 7, a patch of ringworm was discovered.

---

\* Read before the British Homœopathic Medical Society.

Jan. 14, 1888, came to report. Has been well since last note. Ringworm same. Has taken Sepia 12, 30, and 200 since the tineia was discovered.

Jan. 28.—Head bad to-day; face red. On right tonsil there is a dirty pultaceous patch. Pulse 126; temp. 104.2°. No attack of sore throat since the abortive one in November. Bell. 12, two drops every two hours.

April 4.—There has been no attack since last. The sepia (12th dilution) was continued when the head and throat was well. The hair is growing. Calc. carb. 30 bis die.

May 2.—The ringworm is quite well.

May 30.—No headache or sore throat since last note. I have subsequently heard that the throat has remained well. Thus tineia and throat attacks were cured at once.

---

### THREE CASES OF ERYSIPELAS; TWO TREATED HOMŒOPATHICALLY, THE OTHER ALLOPATHICALLY, AND THE RESULTS.

By E. ELMER KEELER, M.D.

FACTS have been, are, and always will be stubborn things. Arguments may be present showing most conclusively that a certain state or condition is impossible, and yet produce this certain state or condition, and no words are needed to refute all the arguments, for the fact has been proven by its own existence.

For this reason, and this alone, have all the arguments and discussions of honest doubters, and the rant and bluster of ignorant scoffers failed ignominiously when attempting to overthrow the system of Homœopathy. This failure has been due to the solid fact that the science of homœopathy is based on a truth as unchangeable, although as inexplicable, as the law of gravity.

Why does a stone have weight?

Why do drugs when applied to the sick according to the law of homœopathy cure disease?

When one is satisfactorily explained in a few words the other may be.

"The explanation of the *modus operandi* is never included in a law; and to refuse to admit the existence of a law because of inability to understand the way in which the processes involved in the subject take place would, if applied to science generally, soon send us back to barbaric ignorance."

What, for instance, would be thought of the mental state of a student who would refuse to accept the well-known law of gravitation, because he could not understand what there is in matter to cause two bodies to attract each other? and yet this is exactly what is being done by the majority of old-school physicians in regard to the law of homœopathy.



"We cannot understand it," they say, "and hence it cannot be true."

But it *is* true, and all arguments to the contrary, like toy balloons, soon fall to the earth when pricked by the steel lance of Truth.

When hundreds of cases have been treated side by side in hospitals by members of either school, each watching the other's work, the result has *invariably* been that the homœopathy has cured *more patients*, in *less time*, and with consequently much *less expense*.

Now these are the **FACTS** that old-school arguments run against, and the facts do not budge an inch.

There consequently follows a collapse of the argument. It is seldom in private practice that a comparison of the two methods of treatment can be as exactly made, for obvious reasons, but in the following cases this was possible.

In November, 1887, I was called to see Mrs. S——, aged sixty-five, who had been induced to try homœopathy by her son, a good friend of mine. When I saw the patient I found upon the right side of the face an area of erysipelatous inflammation the size of a silver dollar, having attained that size within a few hours. The intensity of both the pain and inflammation was quite remarkable. Pulse quick and bounding. Temperature, 105°. Stinging pains in face and scalp. A little swelling under the lower eyelid. The patient was not inclined to talk, but informed me that she had had a similar trouble twice before, that had each time laid her up for the whole winter.

I gave her the indicated remedy, which has already presented itself, I dare say, to each student of true scientific medicine,—viz., *apis mel.*, with this result : When the case was next seen twelve hours later the fever, swelling, and pain were less, and the area of inflammation had not enlarged enough to involve the eye which was threatened the day before. The patient could not understand that the disease had really been stopped so soon, but I assured her that the danger had probably passed, and the truth of this supposition became evident, as the recovery was both speedy and permanent. In five days she was as well as ever instead of having, as she confidently expected, a winter's siege.

Case No. 2 was peculiar in that it came under my care the day following the preceding case, was a woman of the same age as the other, and the disease affected the same side of the face. In this patient the erysipelas had commenced two days before, and when I saw her nearly all the surface between the ear and eye was covered with a patch of deep red erysipelatous inflammation. The patient had paced the floor the whole night, as the burning pain was intolerable. The face seemed on fire and the whole side of it was swollen. Vesicles filled with a serous fluid were plentifully sprinkled over the inflamed surface. The remedy given was the one that would produce just such an inflammation on a healthy person,—viz., *Rhus tox.*, and as the patient

was so anxious to have something done locally I left a solution of the same potency given internally to be used in water as a topical dressing. I doubt very much if any external medication is necessary in an uncomplicated attack, but frequently the patient is very desirous for "something to put on," and this does no harm. The subsequent history is much the same as in the former case. Recovery was prompt; the vesicles dried up without suppuration occurring, and again the disease was prevented from spreading to the eye.

We now come to the third case, concerning which I can give both symptoms and treatment as exactly as though it had been under my care, as it was in a family where I was in daily attendance upon another member.

My attention was called especially to this case by the peculiar coincidence of its developing while I had the two previous cases on my list, being as before a woman patient, about the same age, and the face being the seat of disease.

The case was seen at once by Dr. D., an old-school physician, who proceeded to paint it with iodine to "keep it from spreading," and gave a mixture of iron and quinine. In a few days, the patient being worn out with the pain, opium was given. The appetite disappeared under all these crude poisonous drugs, and so gentian and cinchonidia were prescribed. The opium and iron destroying all the activity of the bowels, aloes, podophyllum, and jalap in pills were ordered. These worked beautifully: so beautifully that after they had taken effect the patient felt and looked as though she had been sick a month. The doctor at this time gravely informed her that erysipelas always "took one's strength," and to the friends he said that Mrs. G— was "a very sick woman." Now acting on the aggressive, and assuming that the inflammation, that by this time covered nearly the whole side of the face, was full of pathogenic micrococci, he proceeded to kill the "pesky critters" with corrosive-sublimate dressings. After this had been used for a week the patient became still more prostrated by an attack of severe diarrhoea, which curiously (?) enough came at this time, and required full doses of opium and camphor to stop. And so the case progressed. (?) I did not keep account of all the prescriptions given, but I knew of all these, and there were many I did not perhaps hear of during the next *five months*, that being the time necessary for the patient's recovery.

Observe I do not say cure. But she did recover in spite of all that was done.

Of course the exact amount of disease-producing energy present in a given case must always remain an unknown quantity, but here were three cases as identical in regard to sex, age, and symptoms as could

ever be found. From all we can know of any case—the sum total of all conditions and symptoms—these cases were very similar.

These are the facts both as regards the cases and their treatment:

The first two received the well-indicated prescriptions of a *regular scientific school of medicine* founded upon a law of physics—*Similia similibus curantur*.

In the latter case the treatment was according to a school of medicine aspiring to the title of regular, and yet recognizing no law; where every prescription is an experiment, and where no drugs have been systematically proven upon healthy persons before being administered to the sick.

Which is the regular school?

No. 639 South Salina Street, SYRACUSE, N. Y.

---

## DIPHTHERIA.

By WM. STEINRAUF, M.D.

THERE have been quite a few cases of diphtheria in our city during the past two months, and quite a number of deaths therefrom. In a good many cases the diphtheritic exudation was accompanied with what is known as scarlet rash or German measles. I will state right here that the use of high potencies has given the best results in these cases. One or two doses of the indicated remedy was generally, might say always, all-sufficient.

Nasal types of a severe form, such as we had them, were well met by bromium, lac caninum, lachesis, lycopodium and sulphur. Most cases required lachesis or lycopodium. In the croupous forms broninum or lac caninum, in the hæmorrhagic types lachesis or sulphur.

No swabs, no gargles, no external means of any kind were employed, and the results were all that could be desired.

When the last and greatest complication arises: no reaction, constantly and steadily sinking, cold and clammy skin, cold sweat, stupor, sulphur at once. These cases invariably die, unless a dose or two of sulphur is interposed.

Is there a prophylactic against diphtheria? For the last three years I have obtained Diphtherin CM (Swan), and in every epidemic since I have given my patients this remedy, two or three doses a week. With what results, do you ask? So far I have never had a case of diphtheria where this was given as a preventative.

ST. CHARLES, MO.

## PROVING OF PHYTOLACCA DECANDRA.

By W. IRVING THAYER, M.D.

ON December 10, 1889, I was engaged in cleaning some fresh roots of *Phytolacca decandra*, in scraping and slicing them, preparatory to making some tincture of this valuable plant. The appearance of these roots is much like a parsnip root in color and outside thin cuticle.

Without any thought or consideration, I slightly touched my dampened finger from the moist *phytolacca* root, to the edge of my lower right eyelid for the purpose of removing a slight irritation by gentle rubbing. I used the back side of the second joint of right forefinger. This was about 2 P.M.

At about 4 P.M. my eye began to feel "sandy," when I winked. The irritation increasing, I was compelled to take a hand-glass and make an examination. By this time, tears began to flow, and I was puzzled to understand what could cause my eye to feel so "funny." I found, by looking into the glass, that my eye was quite red. This is strange, I thought. I have got nothing into my eye, nor have I hit it in any way. I saw that the *membrana conjunctiva inferior* was frightfully injected, extending more than half-way up the cornea, and all the *conjunctiva superior* was equally injected with the lower lid.

At this time had occasion to go out. The day had been bright, was then, and mild. Temperature about 50°. Dry.

The five o'clock air did not aggravate the secretion of the lachrymal glands, but I was suffering from acute epiphora before I left the office and after. It was a flood! There was no smarting, burning, aching, or other pain, but there were sticks in that eye as large as Jumbo's trunk. Tears! Tears!!

To a person as incapable of any analytical reasoning as is the writer, the most that can be said is, he was puzzled.

Sight not affected for long—six miles—or short distances.

During evening, kept my room, unable, on account of the flow of tears, to read. No pain, but sticks or sandpaper in the eye.

Retired; but took a handkerchief to bed to help dispose of the tears!

Slept well; but on awaking the next morning could not open the eye on account of the agglutination. After considerable bathing, the eye was opened, and sight found to be good; but tears continued to flow. The conjunctivitis was greater than during the evening.

Attended to business as usual on the second day.

Left the office as usual at 5 P.M., but noticed for first time while crossing the Brooklyn Bridge that the electric lights, that were distant one hundred feet or more, up to a mile, while they were as brilliant as

ever, had upon their upper right-hand quadrant a brilliant carmine spot, or ball, about the fifteenth part of the whole electric light circle. With this exception my vision was perfect.

During the next week it began to dawn upon the clouded intellect of the writer, that the *phytolacca* was responsible for the above experience. It should be remembered that the contact of the dampened finger to the ciliary edge of the lower eyelid was very, very slight indeed. Somewhere it is asserted that it is wise to "prove all things, hold fast to that which is good."

It is generally conceded that the eye is a valuable appendage to the make-up of one's body, and should be protected with jealous care. But to prove that the *phytolacca* was guilty of causing the writer to suffer from his late severe attack of acute granular conjunctivitis, he made another *very slight* application to the ciliary edge of the same eye. This application was so carefully performed as not to hardly touch the mucous surfaces. But the *phytolacca* got there with due promptness, and brought about the same *severe* conjunctivitis as in the first case.

In this last proving, the *phytolacca* had been cut into very thin slices and steeped two days in water over a bath, then partly dried. The finger brought in contact with the root thus treated and applied as above noted, produced in two hours all of the above symptoms, except the colored spot in the electric light, with the addition of causing a greater flow of tears into the nasal fossæ.

For ciliaris blepharitis; conjunctivitis, acute, catarrhal, or chronic; conjunctivitis blenorrhœic, traumatic, and with blepharitis, we have in the topical application of the juice of the *phytolacca decandra* root, a *valuable similitum*. The remedy taken internally will help such cases, but the topical application would seem to be the most efficacious. We shall be glad to learn of some of our ophthalmists verifying the above predictions.

BROOKLYN, N. Y.

---

---

### BOOK REVIEWS.

HOMŒOPATHIC THERAPEUTICS. By SAMUEL LILIENTHAL, M.D. Third, Rewritten and Enlarged Edition. Pp. 1154. Royal octavo, half morocco, \$8. Cloth, \$7. Phila. Hahnemann Publishing House, 1890.

In the first place, we confess that we have not read every one of these 1154 pages; second, we have not compared the remedies given with the provings taken from the original day-books; third, had we deemed such research a necessity we would not have had the time, nor do we possess two or three hundred square feet of other books in order to enable such a review; we have not had a derrick specially built to hold this volume. But we have lingered lovingly here and there in its abundant homœopathic fruitfulness, at frequent intervals, and have

with a determination to elucidate a vexed problem, and a reading of any one chapter at random conveys the conviction of the intense earnestness of the author; it shows the author learned in all that goes to make up his theory of Consumption; in fact, at times, it takes the reader back too far into the elementals of physiology and pathology to be very comforting to one's *amour propre*; in short, the author is so anxious to make his point, that he takes nothing for granted on the part of his reader, but essays to teach him from the first principles onward. Of course this is no fault,—simply, for a busy practitioner, a loss of time not always compensated by the perusal. If the work is to prove a text-book on consumption, if it produces the revolution in the theory and treatment of consumption which Dr. Gregg undoubtedly hoped for, then this minuteness of detail is eminently fitting. Because of this the work at times becomes heavy and prosy. As to the truth or falsity of the position taken, what can a homœopath say? The germ theory of Koch gives us no hope of cure; all treatment thus far has been futile. The dread disease has gone on its way, but little deflected from its right line of ultimate destruction by the temporary checks given to it by so-called scientific treatment. If Dr. Gregg is correct, and there is at this time no reason to believe that he is not; and if, recognizing the cause and course of consumption, we are enabled to meet this disease with an effective weapon in the form of the properly selected remedy, who among us will fail to rejoice and sing pæans of praise to the memory of Gregg? As already stated, if the reader assents to the proposition as advanced by the author, he may immediately refer to the second section of the book, entitled *The Therapeutics of Tuberculous Affections*, arranged by Dr. H. C. Allen, and consult its pages with the perfect assurance that they contain refined gold, the product of purified homœopathy. Here no speculation is indulged in; here no disputable theory is advanced; here no pathological problems obtrude to mystify or confuse a hurried reader; here we find that aconite will cure when aconite is indicated, whether consumption be a cause or a result. There is no guess-work. Homœopathy is based on Natural Law, and was the same yesterday, is to-day, and will be forever. As in his *Therapeutics of Intermittent Fever*, so Dr. Allen has here adopted, in a measure, the physiological division, giving only such as are directly related to the subject of the book, though in the introduction to each remedy and in the "Characteristics" he sketches with a master-hand the general picture of the remedy. The remedies follow in alphabetical order, and are divided into: Historical and General Statement; Characteristic; Aggravation; Amelioration; Larynx and Trachea; Respiration; Cough; Chest and Lungs; Expectoration; Relations. If any fault could be found it would be to the effect that more remedies have not been given; it has been our misfortune to have had two cases of phthisis pulmonalis where the indicated remedies (not now recalled) were not given in Gregg and Allen's book. To speak in praise of Dr. Allen's work seems unnecessary; his work as a materia medica writer and specialist is too well known to need recounting; suffice it to say that his *Therapeutics of Consumption* will be a good companion book to his *Therapeutics of Intermittent Fever*; and, hence, we recommend its early purchase and study. The Repertory accompanying is fairly filled out; but we trust that future editions will give us more remedies, and a more finely divided Repertory. The mechanical part, printing, binding, etc., are well done and deserving of praise.

**EATING FOR STRENGTH, OR, FOOD AND DIET IN THEIR RELATION TO HEALTH AND WORK, TOGETHER WITH SEVERAL HUNDRED RECIPES FOR WHOLESOME FOODS AND DRINKS.**—By M. L. HOLBROOK, M.D., Professor of Hygiene in the New York Medical College and Hospital for Women, Editor of the *Herald of Health*, Author of "Hygiene of the Brain," "How to Strengthen the Memory," "Parturition without Pain," etc., etc. New York: 1889. M. L. Holbrook & Co. Pp. 246.

An interesting and instructive book, but one the precepts of which will be but little heeded. It is a splendid adviser, but its advice runs so counter to that which is the common course of human life in the way of eating and drinking, that with the exception of a few medical men and some apostles, the sage suggestions will probably fall to the ground. If its admonitions could be universally obeyed, Bellamy would have no need for further Looking Backward. The millennium would be at hand. However, this is not to discredit the aims of the author, or to belittle his work, only to say that when people all quit drinking coffee, tea, liquors, and other customary drinks, the day of general wind-up is at hand. We heartily commend the work and hope it may do much good. The recipes at the back are fine,—so our wife informs us, and she knows.

**THE HOMŒOPATHIC VETERINARY DOCTOR**, giving the history, means of prevention, and symptoms of all Diseases of the Horse, Ox, Sheep, Hog, Dog, Cat, Poultry and Birds, and the most approved methods of treatment. By GEORGE H. HAMMERTON, V. S., Chicago. Gross & Delbridge, 1890.

The publishers have put into a comparatively few pages a volume of information that can never come amiss to any doctor, and certainly never to a country doctor. How often is the latter besieged to come out to the barn and tell what is the matter with the bay mare, or the roan colt; and an intelligent understanding of the common ailments of a horse or cow will be a good many dollars in the doctor's pocket. We have been deeply impressed with the value of Hammerton's book, because of one of our horses having gone lame. At first we diagnosed rheumatism and gave rhus; then a neighbor volunteered the information that the stifle joint or ligament or bone was out of kelter, and white-oak bark externally applied, saltpeter, sulphur and linseed meal internally, and a shoe prepared so that the horse must walk on his toe, would cure it. Becoming discouraged we took the case in hand, diagnosed weakness of kidney and a strain, followed the directions given by Hammerton, and now begin to think that the old horse will get along again. It is pleasant to find how well homœopathy will answer in the symptoms of an animal; and that a thorough knowledge of materia medica will give the clue to the treatment, whether it be man or beast. Dr. Hammerton has given many chapters on the Horse, and also others on the domestic animals. The illustrations for all are good, the treatment in the main homœopathic, and the buyer of the book will not soon regret the outlay, if he happens at any time to have a valuable horse come down sick, and the only veterinary surgeon near by a backwoods "hoss-doctor" who "picked it up." Gross & Delbridge deserve great credit for the handsome form in which the work is issued. If you need a horse-doctor book, this is the one you want. Buy it!

THE THERAPEUTICAL APPLICATIONS OF PEROXIDE OF HYDROGEN (MEDICINAL) AND GLYCOZONE. By CHARLES MARCHAND, Chemist, Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France). Treatment of Diseases caused by Germs, Bacteria, Microbes. Revised Edition. Drevet Co., 10 West Fourth Street, New York. Sent post free on application.

THE TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY for the session of 1889 have been on our table a number of months, and accidentally overlooked. Dr. Dudley has done his work as only an expert editor, graduated from a medical journal, can do it. At this late day it is unnecessary to speak of the intrinsic value of that which fills the pages of this volume, as the papers have been before the profession for almost a year, and many of them have been copied in the journals, and suitably commented on. We desire to echo the commendation of the *Hahnemannian* touching the omission of needless iteration of discussions, which may have sounded well enough when delivered, but appear very tame and lifeless in cold type. This volume is in no sense inferior to its immediate predecessors; it contains the usual statistics and valuable information.

---

### GLOBULES.

—Dr. Wells Le Fevre, of Hot Springs, Ark., has associated with him Dr. V. H. Hallinan, formerly of Waterloo, Ia.

—The first six volumes of the *Homœopathic Physician* can be had delivered free, for \$12, by application to A. L. Chatterton & Co., New York. These are out of print and very rare.

—The Massachusetts Homœopathic Medical Society held its Annual Meeting at Steinert Hall, corner of Boylston and Tremont streets, Boston, Wednesday, April 9, 1890.

—Dr. Samuel Lilienthal has been suffering for the past month with spurious angina pectoris, which is, in fact, a neurosis of the coronary nerves. He is going south for a few months in hope of regaining his strength.

—Dr. Hale promptly comes to the defense of the alternation of remedies as requested in our editorial of May. We ask our readers to study it carefully, and if it possesses any weak point to let us hear from them promptly.

—LEGACY TO THE POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.—Among the legacies of the late Honorable Daniel B. St. John, of Newburgh, N. Y., was one of ten thousand dollars to the above-named institution.

—NOTHNAGEL says this about intestinal obstruction: "I may briefly state in one sentence all the treatment I can recommend as an hospital consultant. Absolute abstinence from food; induce the peristaltic action from below; still it from above; and, above all, avoid purgative medicines. Further, I know of nothing to add for the guidance of others."—*St. Joseph Medical Herald*.



—The Cleveland "boys" have a Round Table Club, organized last August, composed of homœopathic physicians, which started with twelve, now contains sixty-five members, and more coming in at every monthly session. We are not informed who the King Alfred is.

—Cleveland has a new city hospital containing one hundred and fifty beds. The patients are all under the care of one physician, who receives a salary of \$1200. There is no visiting staff, and all the work, surgical as well as medical, falls upon the single medical officer.—*Medical Record*.

—*The Pulse Quarterly* (Cincinnati) and *The College Argus* (Cleveland) are new periodicals on our table. Both seem devoted to their respective colleges primarily, and to the homœopathic profession secondarily. Both are well edited, and we herewith extend to both of them a fraternal welcome and wish them long life and good health.

—The Vienna Fountain Syringe, prepared by C. B. Dickenson, proprietor of the Brooklyn, N. Y., Rubber Works, we find to be an excellent household as well as professional article. It is compact, durable, cannot easily get out of order, and its separable parts are readily replaced if lost or injured. It has given perfect satisfaction whenever used by us.

—The twenty-fourth annual session of the Indiana Institute of Homœopathy was held at Indianapolis, Wednesday and Thursday, May 14 and 15. Many excellent papers were read and freely discussed. Some one on its official staff has an æsthetic eye and displayed good taste in the preparation of its printed matter. The advance card was a beauty with a big "B."

—Prof. J. C. Wood of the University of Michigan sailed for Europe on May 10, to be absent six months. Prof. Sheldon Leavitt of Chicago, Prof. Pomeroy of Cleveland, and (just plain) Dr. Beebe of Sidney, Ohio, have also, ere this, gazed "upon the ocean blue," from an aperture in the side of the vessel, called a port-hole, and used for other purposes as well as gazing.

—Vick's. Every housewife, if not every farmer, knows all about Vick's flower and vegetable seeds. Many other seedsmen have sprung into existence in the past few years; but Vicks, father and sons, have through all retained their oldtime popularity, which but increases as the years roll by. This is the time to send to them at Rochester, N. Y., for seeds, cuts, and plants.

—The editorial article of the May issue of *The Dietetic Gazette* was prepared by J. Lewis Smith, M.D., Clinical Professor of Diseases of Children, in Bellevue Hospital Medical College. With the June number will begin an extended article by J. Lewis Smith, M.D., on "The Care and Feeding of Infants," with remarks on "The Great Mortality of Infants in the Summer Months," and mode of preventing it.

—Ho for Waukesha! The Lake Shore route (see ad. in this issue), the fast mail route between the East and West, is the best line for members of the American Institute of Homœopathy attending the Annual Session at Waukesha. Don't forget this; see that your tickets read via the Lake Shore Route, and you will have no occasion to regret your choice. Here is no custom house official to overhaul your luggage, nor other bother.

—APPLES AND CHESTNUTS.—Now, if Adam could have foreseen the terrible cyclone that was in the fall pippin which he ate at the solicitation of his wife, he would have been obedient to his parent and left the apple alone.—*Dr. W. C. Niebing at the Pulte Alumni Banquet.*

Oh, dear, dear Doctor, why did you trip up on that chestnut? Who ever told you or caused you to believe that it was an apple? Where do you find any authority for the pippin story?

—From practical experience we have ascertained that a preparation made from Galega-Officinalis, Galega Apolenia, and Galega Tephrosæ by the Roseberry Nutrolactis Company of 18 Cortlandt St., New York, is a most efficient and reliable galactagogue. It has in every instance increased a scanty supply of mother's milk to a full and nutritive abundance, and prevents the resort to artificial substitutes for feeding the baby.—*D. J. Roberts, M.D., Editor So. Practitioner.*

—When Dr. Hering was summoned to the bedside of a young woman in great agony from severe abdominal neuralgia, a few hours after a laparotomy, and told that all manner of opiates had been used in vain, he brought about relief and sleep, by the use of a little "holy water" consisting of a few dissolved globules of *Staphisagra* 200. And the same has since often relieved the most keen excruciating pains resulting from the clean-cut wounds of the surgeon.—*Dr. Leonard, in N. W. Jour. of Hom.*

—RARE FORM OF ANKYLOBLEPHARON. (DR. TUTTLE in *Brit. Med. Jour.*)—W. B., aged sixteen days, was brought to me because he could not open his eyes. I found the following rare form of ankyloblepharon present. Right: lids joined at junction of middle and inner third by a band of semi-elastic membrane. Left: at about the same site two similar bands. All three were of the natural color of the skin, and proceeded from and were continuous with the skin just at the palpebral edge. There appeared to be no conjunctival connection; there was no persistence of pupillary membrane. After severing the bands close to their attachments, the infant opened its eyes widely, and has progressed well.

—THROUGH VESTIBULED AND COLONIST SLEEPERS BETWEEN CHICAGO AND TACOMA, WASH., AND PORTLAND, ORE.—The Wisconsin Central and Northern Pacific lines run through Pullman Vestibuled and Colonist Sleepers between Chicago and Tacoma, Wash., and Portland, Oregon. The train known as the "Pacific Express" leaves the Grand Central Passenger Station, at the corner of Fifth Avenue and Harrison Street, at 10:45 P. M. daily. For tickets, berths in Pullman or Colonist Sleepers, etc., apply to GEO. K. THOMPSON, City Passenger and Ticket Agent, 205 Clark Street, or to F. J. EDDY, Depot Ticket Agent, Grand Passenger Station, corner Fifth Avenue and Harrison Street, Chicago, Ill.

—The following journals unbound in good condition will be sent postpaid on receipt of twenty-five cents per volume. If there are any you chance to want address at once A. L. Chatterton & Co., New York:

*Obstetric Gazette*—Vol. 6, 1883; 7, 1884; 8, 1885; 9, 1886. *Hom. World*—Vol. 19, 1884; 20, 1885; 21, 1886. *Mo. Hom. Review*—Vol. 27, 1884; 28, 1885; 29, 1886; 30, 1887. *N. A. Jour. of Hom.*—33 yr., 1884; 34, 1885. *Hahnemannian*—Vol. 5, 1883; 6, 1884. *Med.*

*Advance*—Vol. 14, 1883; 15, 1884. *Lancet and Clinic*—Vol. 12, 1884. *St. Louis Periscope*—Vol. 1, 1884. *N. Y. Med. Times*—Vol. 12, 1884. *Clinique*—Vol. 4, 1883. *Br. Jour. of Hom.*—1883. *Annals of Surgery*—Vol. 2, 1885. *Archives of Pediatrics*—Vol. 1, 1884.

—**HÆMORRHAGE IN NEW-BORN CHILDREN.**—On Sept. 23 a woman was confined of her ninth child, the tedious labor of thirty-six hours being completed on arrival upon emptying bladder and rectum. Thirty-two hours afterwards the infant passed blood in quantities sufficient to soak through the napkins into the bed, and in an hour or so vomited blood also in large quantities. It was seen twelve hours after the first appearance of blood, and it was still passing it. Tincture of hamamelis was prescribed, and the hæmorrhage and vomiting ceased, and the child is now living and healthy. It may be mentioned that there was no difficulty in the child's breathing at birth; the umbilical cord separated naturally on the fourth day.—*Dr. Frederick N. Brown, in Brit. Med. Jour.*

—**NEW METHOD OF DELIVERING BREECH PRESENTATIONS.**—Mars of Krakau, describes a new method, by which he has succeeded in three cases in extracting the presenting breech, when he had failed by the ordinary manual methods. In his first case the breech presented, S. L. A., os fully dilated, breech arrested at superior strait, beginning acute œdema of the lungs in the mother. Failing to extract by means of the fingers hooked into the groins and by other manual methods, he adopted the following procedure: Supporting the fundus with the left hand, he introduced his right hand flatwise within the uterus between the uterine wall and the child's sacrum, until the hand was high enough to enable him to grasp the foetus with the thumb and little finger just above the ilac crests, while the other fingers were extended along the foetal spine. He then drew upon the foetal trunk during the pains, which pressed his hand firmly against the child's body, until the breech was brought to the pelvic floor, when the foetus was easily extracted.—*Boston Med. and Surg. Journal.*

—Common salt, says Dr. Larrabee, is a necessary ingredient in every organ of the body. It is the secret of cell activity, of absorption, of endosmosis and exosmosis. The most cruel punishment ever inflicted upon human beings would be to deprive them of salt. The craving necessity for this mineral among the herbivora is best illustrated by the numerous "licks" to which the herds of buffalo and bison made their lengthy pilgrimages. The infant at the breast derives its supply from the mother's diet, but the vast numbers of foundlings who perish annually in the process of artificial feeding succumb to the slow marasmus due to a lack of salt in their food. I have saved scores of these cases of simple atrophy and tabes mesenterica by the liberal use of salt in their food—diarrhœa is checked and digestion and assimilation begin. I have learned that successful veterinary physicians use salt as the most reliable treatment for the "scours" in young cattle. Also in those distressing cases of chronic enteritis presented in the early autumn as a result of necrosis of the intestinal follicles, a diet of scraped raw beef with salt is almost immediately successful.

—**A NEW SYMPTOM OF PERICARDITIS.**—In some cases the diagnosis of effusion into the pericardium is difficult; and a symptom, first noticed

by Bamberger, is said to be constantly present, and aids materially in arriving at a correct conclusion. Putis, in the *Wiener Med. Woch.*, has again attracted attention to the point. By percussion of the patient in a sitting position, or when lying on the right side, there is a muffled tympanic resonance or diminished resonance over the left side of the thorax behind, extending downward from the angle of the scapula; and at the place of greatest loss of resonance there is distinct bronchial breathing and bronchophony, with increased vocal fremitus. If the patient is made to bend forward, a portion of the dullness completely disappears, another portion becomes tympanic, and no bronchial breathing is heard. This change is more marked still if the patient assumes the knee-elbow position. The physical signs observed are ascribed to compression of the lower lobe of the left lung by the fluid in the pericardium, and are found in young adults with chests which are elongated or narrowed antero-posteriorly. The presence of pneumonia or pleuritis is contra-indicated by the alternation of the physical signs when the position of the patient is changed.

—In the March number of the *London Medical Recorder* appears the following article, commendatory of a well-known American product :

"LISTERINE is an antiseptic and deodorizing preparation which has for many years been a favorite with American surgeons. Its qualities are due to the essential antiseptic constituents of thyme, eucalyptus, baptisia, gaultheria and mentha arvensis, in combination with which is associated a stated quantity of benzo-boracic acid. Experience points to its reliability in obtaining that condition of asepsis which is the ideal of every surgeon, and it has the distinct advantage of being fragrant and non-poisonous. Its antiseptic and anti-fermentative properties are not confined to lesions of the surface structures, and it is largely used for internal medication, in doses of a teaspoonful, in suitable cases. It does not coagulate serous albumen, and it is thus free from the drawback which so markedly limits the action of such agents as corrosive sublimate, most of which are, moreover, extremely poisonous. Listerine, then, is an agreeable and powerful antiseptic and deodorizer, well adapted for ordinary surgical work, available for internal administration, and useful for gargles, mouth washes and lotions, for which purpose it may be employed without hesitation, seeing that no mishap can occur, even in unskilled hands."

—OLIVE OIL FOR RATTLESNAKE BITE.—I have never used any other treatment for snake bite than olive oil. It has given in all cases prompt relief ; always a safe and perfect cure. My first case was on July 27, 1850, in Elk County, Penn. A boy about ten years old was bitten by a rattlesnake while out with his father picking huckleberries. The father carried the boy home on his back, and sent for me. Remembering what Gibson said as to the use of olive oil in snake bites, I placed a large bottle of pure virgin olive oil in my satchel and visited the boy, and found his entire body, head, face, and limbs, terribly swollen, and the tongue protruding from the mouth ; could not swallow. I at once filled a tablespoon with olive oil, and placing the spoon in the mouth with much trouble and effort, pressed it back to the back part of the tongue; and the patient swallowed the oil. I then scarified the wound, and packed it with olive oil, and then gave more by the mouth, which he swallowed more easily. I thus gave the oil in tablespoonful doses

till I had given six spoonfuls, when my patient became quiet, breathed easily, and could swallow without any trouble. The patient was soon discharged perfectly well, and lives at this time a healthy farmer. I never used any other treatment for the bite of snakes than olive oil, externally and internally. Since that time my practice has been very extensive in the counties of Elk, Clinton, Cameron, Clearfield, along the creeks and rivers; also skirts of the Alleghenies. I have treated many cases and have a record of twenty-five very bad cases, all of which were treated by the free use of olive oil internally and externally. I have never used or directed any other treatment. The inhabitants of locations where rattlesnakes and copperheads are found, always keep a good supply of olive oil in their houses, and when bitten never call a doctor, but use olive oil freely, which in every case gives full and complete relief. Therefore, my experience for the past thirty-nine years has fully proven the correctness of the treatment with olive oil of Dr. Miller, of South Carolina.—*C. R. Early, M.D.*

—**THERAPEUTICS OF EPISTAXIS.**—*Crocus*.—Especially if the blood is thick and dark; useful not only for the acute attack, in which case I should give it every fifteen minutes, but also as a constitutional remedy, to prevent future attacks.

*Carbo veg.*—Indicated in old people, who are more or less prostrated, whose blood is too thin, etc. I have known it to stop hæmorrhages, even when plugging failed.

*Bell.*—When the face is flushed and full, throbbing pulse, bright red blood.

*Erigeron.*—I have known to cure many cases when the epistaxis was thin and from both nostrils.

*Hamamelis.*—Particularly in hæmorrhoidal patients, when hæmorrhages are thin and venous.

*Ars.* is especially good when hæmorrhage has lasted a long time, patient becomes prostrated, restless, great paleness, characteristic thirst, even life threatened.

*China.*—Especially good for repeated hæmorrhages, which produce anæmia particularly when the blood is bright and clear, and the patient is miasmatic or over-dosed—quinine subject.

Besides the administration of the indicated remedy, in severe cases, one or more of the following methods may be employed:

Nasal douche,—a solution containing equal parts of tannin and alum, is of great value, not recognized by many.

Plugging the nostrils, or by elevating the hands above the head.—*Prof. Helmuth in Chironian.*

—**THE ABUSE OF COFFEE.**—Much has been said concerning the undoubtedly evil effects of excessive tea drinking. Dr. F. Mendel has recently enjoyed opportunities of studying the results of an unbridled abuse of coffee, and his results are now published. The great industrial center around Essen includes a very large female population. Whilst the women of the working classes in this country are often addicted to dosing themselves with tea that has stood too long, it appears that the workmen's wives at Essen drink coffee from morning till night. Some consume over a pound of Ceylon coffee weekly, and one pound contains over sixty-four grains of caffeine. In consequence, nervous, muscular, and circulatory disturbances are frequent. The nerve symp-

toms are characterized by feeling of general weakness, depression of spirits, and aversion for labor even in industrious subjects, with headache and insomnia. A strong dose of coffee causes the temporary disappearance of all these symptoms. The muscular symptoms consist of distinct muscular weakness, and trembling of the hands even during rest. The circulatory symptoms are marked by a small, rapid, irregular pulse, and feeble impulse of the apex of the heart. Palpitations and heaviness in the præcordial region are frequent. The hands and feet feel very cold, and the complexion becomes sallow. Dyspeptic symptoms, chiefly of the nervous type, are very common. Acne rosacea is seen in a large number of sufferers. These coffee drinkers cannot be cured by simple abstention from their favorite drink, with substitution of milk as a beverage. They require rest from work, open-air exercise, cold ablutions followed by friction, and small doses of brandy. Care must be taken, especially when a large body of working-women are under the care of a medical officer, lest the first and last items of treatment do not lead to malingering.—*British Med. Journal.*

- MANIA.**—Desires to bite and strike those around. Bell., Stram.  
 — Is afraid of imaginary things. Tries to hide himself. Bell., Arsenicum.  
 — Desires light and company. Stramonium.  
 — Desires to cut and tear everything, especially the clothes. Veratrum-alb.  
 — Desires to kiss everybody. Veratrum-alb.  
 — Desires to go home. Bry., Bell., Lach., Opium.  
 — Strips off his clothes. Bell., Hyos.  
 — Wants to go naked. Phosphorus.  
 — Mind wandering off at night. Bell.  
 — Piety, nocturnal. Stram.  
 — Rage. Bell., Cuprum., Hyos., Secale., Stram.  
 — Shame, absence of. Hyos., Phos.  
 — Sings amorous songs. Hyos.  
 — Laughs and cries. Bell.  
 — Sings obscene songs. Hyos., Stram.  
 — Talks obscene. Nux-m., Verat-alb.  
 — Wants to expose the sexual parts. Hyos.  
 — Exposes the pudenda. Hyos.  
 — Desires to bite and spit. Bell.  
 — Escape, tries to. Bell., Stram.  
 — Expose himself, wishes to. Hyos., Phos.  
 — Hide, desires to. Bell., Stram.  
 — Imagines that rags are fine clothing. Sulph.  
 — Religious. Crocus, Lach.  
 — With lascivious talk. Hyos., Verat-alb.

—*Sherbino in Hom. Physician.*

## OH-DON'T-LOGY.

DON'T condemn a book because you have a fancied grievance with its author.

DON'T review a book from the standpoint of gray hairs and deepening shadows of eternity.

DON'T consider your library complete without a copy of Gentry's Concordance Repertory.

DON'T take the red line along the gums as a diagnostic sign of phthisis, so says Dr. Snader.

DON'T vote on any motion unless you thoroughly understand it. Don't vote out of courtesy to the proposer.

DON'T fail to take with you to Waukesha your traveling arsenal, so as to meet and kill dead the daily paper artist.

DON'T let Dowling forget his dress-coat ; if there must be a "bull," let him be in the back yard and not at the banquet.

DON'T bite off silk thread. In order to increase its weight it is usually soaked in acetate of lead ; lead poisoning may result.

DON'T fail to send or bring your application for membership to the American Institute of Homœopathy, if you have so far neglected to become a member.

DON'T absent yourself from the business sessions of the Institute. If you must have recreation take it during some bureau meeting in which you have no interest.

DON'T fancy, because we publish a defense of alternation, that we approve the system. We may have something to say later on if our readers do not take up the pen.

DON'T fail to tie a string around the neck and body of your mumps patient, as that will prevent the mumps from going "down." So said a *sage femme* to us the other day.

DON'T be a resurrectionist. A few weeks ago several Louisville doctors were detected in this nefarious practice, and directly thereupon followed the cyclonic visitation.

DON'T forget your duty to your State Society, and to the American Institute of Homœopathy ; this consists not alone in paying your financial dues, but your literary obligation as well.

DON'T be disappointed if the Minnetonka scale of excellence does not prevail at Waukesha. Remember that a few such meetings would frighten our friends into a distaste to have us come near them.

DON'T give aconite in intermittent fever ; its pathogenesis shows no periodicity, so says Prof. Reed ; and yet Dr. Goullon says in the *Populäre Zeitschrift* that it is used for intermittents in the tropics and in Southern Africa.

DON'T go on the witness stand as a medical expert without first meeting and consulting with your professional brothers beforehand. By this means many of the contradictions of expert testimony could doubtless be avoided.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

BY EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Phila., Pa.

*(Continued from page 156.)*

- CALCAREA OST.**—Stitches in the left chest on inspiration. Stitches in the chest and sides of chest, when moving ; from deep inspiration, and when lying on the affected side. Sore pains in the chest, worse during inspiration.
- CALCAREA PHOS.**—Aching in chest, with soreness to touch. Sharp pain about sixth rib, right side ; later on left, about fourth and fifth ribs, coming and going ; takes the breath ; worse with deep breath, during the day.
- CAMPORA.**—Stitches from the shoulders into the chest ; in left side of the chest when walking.
- CANNABIS IND.**—Stitches extending from both nipples through the chest.
- CANTHARIS.**—Stitches in chest, more on right side, or first left, then right ; in the lower right chest, extending toward the middle of the sternum and axilla.
- CAPSICUM.**—Pain in chest and back ; heat. Throbbing pain in chest.
- CARBO ANIMALIS.**—Sharp, burning stitches in the chest.
- CARBO VEGETABILIS.**—Burning in chest, as from glowing coals ; rawness and soreness. Oppressive tearing in left chest. Pressive pains in the upper right chest, through to scapula.
- CAULOPHYLLUM.**—Spasmodic, intermittent pains in the chest, with amenia.
- CAUSTICUM.**—Soreness in the chest. Stitches in the chest, below the arms, extending to the pit of the stomach, with anxiety.
- CEPA.**—Pains here and there through the chest. Stitches with burning, in the middle of left breast, when taking a deep breath.
- CHAMOMILLA.**—Chest painful when coughing. Stitches shoot from the abdomen into the middle of the chest, as from flatulence. Sudden stitches and darts through the chest, extorting screams ; dyspnoea taking away the voice and threatening suffocation.
- CHELIDONIUM.**—Stitches in left chest on inspiring. Stitches in chest, worse right side. Soreness in lower ribs, right side. Deep-seated pains in whole right side of chest.
- CINA.**—Stitches in the left side. Burning stitches in the chest.
- CINCHONA.**—Stitches in right chest up to axilla, prevents bending forward and breathing ; stitches in left chest ; stitches under sternum, worse during deep breathing and sudden movements. Hæmoptysis, with subsequent suppuration of lungs ; stitches in chest, worse from slight touch. Cannot bear percussion and auscultation, chest so sensitive.
- CLEMATIS ERECTA.**—Aching in the chest. Stitching pains in the chest.
- COCCULUS IND.**—Cramps in the chest, also hysteric.
- COLCHICUM ANT.**—Dull stitches in posterior part of chest, during expiration. Violent cutting pains in the chest, interrupting breathing. Stinging in the region of the heart, with oppression.



- COLOCYNTHIS.**—Stitching pains in right or left side of chest.
- CONIUM MAC.**—Sharp thrusts directly through the chest, from sternum to spine, while sitting; violent stitches in right chest, about nipple, on every inspiration, while walking, worse from hard pressure with hand.
- CROCUS SAT.**—Heaviness of the chest, must frequently take deep breath. Dull stitches in left chest.
- CROTON TIG.**—Feeling of fullness in both sides of the chest, with burning stitches in left side of thorax and toward both scapulæ.
- CUPRUM MET.**—Shooting pains in sides of chest, must cry out.
- CYCLAMEN EUROP.**—Stitches in left side of chest, later in right side. Stitch about apex of heart. Tearing stitches, with oppression and shortness of breath, during motion and rest.
- DIGITALIS.**—Peculiar, seemingly rheumatic pains and catarrhal affections of the lungs, with serous eludation.
- DROSER ROT.**—Severe stitches in chest, when sneezing or coughing, must press on the chest with the hands for relief. Violent, oppressive, stitching pain across the chest, passing off during motion.
- DULCAMARA.**—Stitching pains in the chest here and there; diarrhœa. Pain in left chest, as if lung moved in waves.
- EUPATORIUM PER.**—Soreness in chest, worse from inspiration. Pain and soreness behind the sternum; heart feels as if in too small a place. Pain through right nipple, when breathing. Deep-seated pain in left side and right shoulder.
- FERRUM MET.**—Shooting stinging in chest. Sore feeling below clavicle and left nipple, cannot take a long breath. Slight, dull, heavy pain across upper part of chest, rendering breathing uneasy. Sticking and bruised sensation in the chest. Flying pains in the chest; blood-spitting; persons who flush easily and get epistaxis, dyspnœa, palpitation.
- GAMBOGIA.**—Pain in the chest as if it were all raw.
- GELSEMIUM.**—Congestive pneumonia, with suffering under the scapulæ, both sides; caused by checked sweat. Short paroxysms of pain superior part of right lung, on taking a deep breath; pulse slow, full.
- GRAPHITES.**—Pains in the chest. Pain in the middle of the chest, with cough, scraping, rawness and soreness. Stitching pains in the chest.
- GUAJACUM.**—Pleuritic stitches, left side, worse from breathing deeply; especially in phthisis pulmonalis. Intense pain in upper part of chest, from motion of the head; expectoration of foetid pus.
- HAMAMELIS VIRG.**—Stitches in lower part of lungs.
- HEPAR SULPH.**—Soreness in the chest.
- HYDRASTIS CAN.**—Rawness, soreness, and burning in the chest.
- HYOSCYAMUS NIG.**—Stitches in side of chest.
- HYPERICUM.**—Stinging in left chest, worse when moving. Cutting in upper right chest, then in lower left.
- IGNATIA.**—Stitches in the chest, from flatulent colic.
- ILLICIUM ANIS.**—Pain in region of third rib, about one or two inches from the sternum, generally on the right side, but occasionally left.
- IODUM.**—Sharp, quick, piercing pains.

THE  
AMERICAN HOMŒOPATHIST.

VOL. XVI.

NEW YORK, JULY 1, 1890.

No. 7.

FRANK KRAFT, M.D., EDITOR.

AND Dowling wasn't there. But, yet,—.

\*\*\*  
WHO said there was no homœopathy in the Institute? We did? When? Oh, well, that was all of a year ago. We take it all back now. The world *do* move. And the Institute's sojourn in the West *has* made it homœopathic. As a grand, unqualified homœopathic totality and success, the Forty-Third Annual Session of the American Institute of Homœopathy was without its equal during our entire membership. No, sir, you are mistaken, we are not seeking to emulate that other but more recent convert to the Institute who seeks to repair his many years of worse than indifference and chill-heartedness by now adopting the Institute and "slopping-over." This is a genuine burst of enthusiasm—with the trade-mark blown in on the burst—for the good work done at Waukesha. Did you remark—you lukewarm or intriguing eclectic *né* scientist—with what cheerful unanimity and alacrity they sat down on you every time you attempted any of your aforesaid tactics. Even the great and ever popular Ludlam of the "veterinary" department, was compelled to throw in a fish story—a good one, too, by the way—to divert the too painful scrutiny of the Jine-ecological bureau from the marvelously diminutive orifice into which Brer. Holmes' A, B, and C question had caused him to take shelter. Just as sure as any sectional session seemed on the point of drifting irrevocably into the quagmires of unhomœopathic talkee-talkie, some bright and witty Dr. Smith, or a John Brown Bowen, or a High Cent. Allen would rudely disturb the serenity, take a fresh twist in the lion's tail—the lion of the tribe of Hahnemann—and be rewarded by applause and encore.

\*\*\*  
WE confess to a passing shade of disappointment because of the non-appearance during the sessions, of the immortal Four Hundred obstetrical cases attended to "up to last night." Perhaps the fair Julia doesn't know the difference between that "Engine of vile noise—the fiddle" and "Heaven's last best gift to man—woman." Perhaps, however, yes. At any rate she knows the "Medical Gentleman" from the tribute she paid him at the banquet, though her reminiscences and personal recollections of *him* as *he* appeared in ancient Greece, and back of that even, brings the problem of her age vividly before us. Not "who is your barber?"—but whose elixir of life do you recommend? From her remarks in the Obstetrical section the fair Julia

possesses other attributes of "She who must be obeyed" beside her youth, her winning voice, and charm of manner. At any rate she pictured to us the "Medical Gentleman" in such bright and pleasing tints, as to make us forget for the time being the elaborate collation; also that the banquet and ball were opened and closed with prayer, and that the interspaces were filled with exceedingly long-winded, tiresome, rambling, prosy speeches that ought never to have been uttered. Terse? Not hardly. Apropos? Occasionally. Some of the Exceptions we shall mention. There was our Chauncey DeP. Kinne, who gave the banquet an unusually fine response; but it's no particular credit to him; he is built that way; he couldn't say a mean or indifferent or prosy thing if he tried.

\* \* \*

FATHER PAINE "caught on" and made one of the wittiest and best received speeches of the evening, followed closely for the honors by His Reverence, whose rhetorical tribute scintillated with flashing jewels. There was one blunder. The speech of Gatchell. Not the speech, indeed, but the topic. Why was not the Medical Press toasted? Is it become of minor value—of no importance to our Institute? Have a care, gentlemen. *That* was the toast to which Gatchell should have responded. *That* was directly in his line of most marked success, and he stands so near the front in journalism that but little jealousy would have been engendered, had he represented the Press. His speech on "Homœopathy of the North" was well prepared, apropos, and delivered with good effect; but, alas, its brightest gems, its most enchanting periods, fell dull and lifeless on the wearied, *hungry* banquet-guest, while twinkling feet and restless hands were beating noiseless time beneath and on the "creaking" board to music faintly wafted from the parlors o'er the way. By a fortuitous coincidence one of Strauss's most ravishing waltzes had been just done to a finish when the benediction was called for and produced. So the two did not antagonize.

\* \* \*

OF course he was there, Cowperthwaite was—Cowperthwaite from that placid inland town on the banks of the placid little stream—with an "original package" of resolutions. And didn't this tawny Ajax toss back his leonine locks as he delivered him of his June resolutions and insurance report. No permitting the Institute to play second fiddle for him. The Institute is big enough and important enough to have an annual session at its usual time, and not in September. If the International Congress is a "bigger man" than the Institute, let it hold a special session; if it is not then the Institute certainly pays it a big compliment when it resigns all its business except one day for the International, and the International ought cheerfully to resign its September time and meet with the Institute. Cowperthwaite didn't say that; but that was how it looked to a goodly number of us who are jealous Americans as well as jealous Institutites. But "where did you get that hat?" When he had his ecclesiastical cap on he looked like a Catholic clergyman off duty; when he took it off he was Bill Nye as of old; we are talking of Peck now, Peck of Providence. If only they would fit him better so they wouldn't interfere with his speech, and advancing years will make them set still looser. Gentry was the

enigma of the session. The old-school physician who attended our meetings and reported them for the Chicago papers, gave Gentry a good many lines on his apparent contradictory youthfulness; he is youthful and vigorous not alone in outward semblance but his intellect is equally vigorous, and his language clear and forcible.

\*  
\*  
\*

**M**ATERIA Medica work would have opened up with a more numerous attendance, had not the fool-killer been temporarily absent that afternoon. Will the Reception Committees ever learn that it is but little short of a downright insult to a Chairman and his bureau to advertise a counter attraction for the hours set for the bureau—such, for instance, as a free ride, a reduced excursion rate on a railway, or examining a crack in the bowels of Nature to see how the waters leap to the surface to be bottled and labeled and shipped? And mark, too, the avidity with which these dignified, austere, and sober members of a learned profession flock to these rarey-shows as if riding were a novelty instead of an hourly experience; as if railway trips were never again to be indulged in; and as if it were not a daily occurrence with the majority of physicians to examine cracks—and make learned diagnosis on the waters exhibited. Shame on ye, brethren, to permit so small a thing to take you from the serious business of the Institute! Still, Dr. Hale had an intelligent audience from the beginning, and his own paper was received, read, listened to with attention, and the author thanked. When the carriages had carted away the pleasure-seekers there remained in the Materia Medica session thirty-two listeners, fourteen of whom were taking notes. When the bureau closed, the carriage bureau having returned, both parlors were crowded, with “Standing room only.”

\*  
\*  
\*

**C**LINICAL Medicine had a full house—because by some oversight no amusement had been provided for the same time, and being after tea there was nowhere else to go, except to bed. Here, also, under the able generalship of Allen, homœopathy was triumphant. The audience was good-natured, laughing and applauding on the least occasion. Just as the Nestors were dragging the craft into foul waters—phimoses, reflex nervous disturbances, and other pathological conditions being substituted for true homœopathic prescribing, Roberts of Wisconsin enlivened the proceedings with a headache case, which had resisted all remedies and even dilatation of the anal sphincter, but gave away promptly to a pair of spectacles. The ridicule was so delicate and fitting that from that moment the pathological wing remained quiet. Buck made an admirable presiding officer; cool, calm, and collected. He swayed that turbulent mass with a magician's wand. There were times, during the general sessions, when it required a long, a broad, and a cool head to keep the business square before the house; he did it, and did it well. The free-soil speech of Dake was a sad blow to the schemers and intriguers, and the unreasonably prejudiced ones. Right he was most assuredly, and the Institute sustained him. The informal ballot for the officers, his motion carried, and the silver-tongued were shut out of their former kingdom.

BUT Dowling wasn't there ; so what matter ?

\* \* \*

ALL-OTHER-THINGS-BEING-EQUAL was there with his open hand nervously fingering the top button of his Prince Albert. He came very near not getting to the meeting at all—owing to a railway collision. And that other Master in Obstetrics, whose favorite after-dinner gesture is to fold his arms when speaking, presided over his bureau with much dignity and was not deflected a hair's breadth from his line of duty by the eulogium passed on his forceps. Let's see, there was a banquet, wasn't there ? True enough ; it had slipped our memory. Eight hundred covers were laid, so the old-school reporter said ; but the Ohio State Homœopathic Society can give the Institute points on banquets, several of them, and promise not to put them in the bill either. Did it ever occur to the Institute what a painfully silent session it would prove if the Professors should all agree not to speak ? The Transactions would probably show but little deterioration ; but just fancy to yourself what chunks of silence would be lying about unclaimed. We recall the names of twenty-three professors present and all used that didactic forefinger in instructing the rest of the members : instruction was their best hold ; while the ordinary member timidly asked permission to relate some of his actual experiences.

\* \* \*

IT was an injudicious move, on the part of a few, having already tasted of the displeasure of the Institute on the subject, to attempt to draw the Institute into the quarrel with Guernsey and the New York County Society. You see, gentlemen, your motive was possibly good enough but you overshot the mark last year. We insisted then, and our insistence has not diminished by the twelvemonth, that the journal resolution was then and continues to be a bit of exquisite inconsistency, which ought never to have been adopted, and which we yet hope a succeeding session will quietly annul. Notwithstanding the special pleading of the *Era* in its June issue, it was unhomœopathic, and so inconsistent that no "refreshment" class student could have overlooked it ; that is to say : refuse to a living, paying, amenable-to-the-law member for a confession of his faith, and in the next breath insist that the incorporal, independent, non-Institute-supported journals must subscribe to the most intense, liberty-destroying narrow-minded Calvinistic creed that could be drafted. What right had the Institute over the private property of twelve or fifteen journals ? None, whatever. The Institute was carried away last year by the eloquence of a few specially loaded, specially interested speakers and one or two Hessians who had been purchased to fight the "belief" resolution. This year it was evident that the work of the journals during the past year had not been effectual, and the New York quarrel got a black eye whenever it stood up long enough to be seen. Next year we will take that absurd resolution off the books ; there will be no longer any occasions for its continuance, as the *New York Medical Times* will by that time have gone into a state of innocuous desuetude, and much sooner if Solomon Asinus Jones is not muzzled before.

TALKING about journals reminds us that a certain 'steemed contemporary comes to our desk with a line printed on its cover page in the brightest of scarlet : " This Number Contains 110 Pages Exclusive of Advertisements." So it does by actual count. Yet we have on our bookshelves a number of text-books, equally as scientific and erudite as this journal ; they are modest in their claims, cost but a trifle more, have better illustrations, and do not pretend to be edited. Why does this journal refuse to give its number of subscribers to the Institute, as every other first-class journal has done for 1889 ?

\*  
\*  
\*

SOME folks have an exaggerated idea of loyalty to an institution, and prate very much and learnedly concerning the beauties of such devotion. One way of exemplifying this beatitude is to engage in intrigue to villify a senior member before the ink on your petition is fairly set, or the sound of Rush's voice has ceased to echo the Censors' report. Liberty here means license. The rights of membership to such an one includes the right to sit in judgment on any old member who may not have cared to propitiate the new member in some foregone time. Last year we had the refreshing spectacle of a newly elected member interfering with a bureau appointment—bringing pressure to bear so that a chairman already appointed was replaced by some one else. This is loyalty ; mark the word. This year another effort was made in the same direction by this same loyal member ; but a new president sat in the chair, a man not moved by idle talk nor one to listen to the tongue of slander. He appointed the chairman and stood by him ! Foiled in this we have him trying his loyal hand on another senior member, Guernsey by name, and endeavoring to have him ousted. Here again he was sat down on most ignominiously. What was the alleged cause for asking the disbarment in the former case ? Simply that a scurrilous newspaper had published a pretended interview containing villainous charges—charges which were never investigated or any effort made to prosecute because known to be false. And yet this same loyal member at this session signed the application for membership in the Institute of a Chicago physician who was made the victim of a still more repellant charge from the same newspaper. Stop that ! The Institute has had enough of charges laid at its door in the times past, and is but recently being purged of its ring, politics, nominating speech, etc. ; we want a clean bill of health from this time henceforward and forever. Stop skulking from pillar to post in the office, from office to parlor, from parlor to verandas, from verandas to session-rooms, whispering and planning ! Stop intriguing and button-holing. Give your attention to the business of the Institute ; show your appreciation of the honor of your membership by preparing learned papers, participating in the discussions ! Let your homœopathic light shine !

\*  
\*  
\*

PROF. MACK of Ann Arbor is one of the coming prominent members of our beloved Institute. His address in the *Materia Medica* section was clear, direct, and forceful. He is a pleasing speaker, and is lacking in the dogmatism which so often, unconsciously we believe, creeps into the style of most Professors. McClelland " next-to-nothing " has a sharp incisive voice that can be heard all over the room. He

rarely indulges in much rhetorical fireworks—sticking closely to his text and dealing with it in a hammer-and-tongs fashion. General Secretary Dudley, in speaking to the support of Atlantic City remarked that there would be the fullest newspaper reports given, and each member would receive as many copies as he cared to use. *That* is a move in the right direction, and perhaps Dudley can carry it to a successful termination—he succeeds in most everything he lays his hands to. Cowperthwaite started that ball during his incumbency, but the Institute was not ripe for it. May we live to see the day when the next morning's paper will give us half a dozen columns of well-prepared reports (*without pictures*) so that they may be sent to our friends at home. Which reminds us that all the pictures given in the Chicago papers of prominent physicians of the Institute were Chicago physicians. Queer, that, wasn't it?

\* \* \*

AND Dowling wasn't there.

---

### THE OPEN COURT.

—The *St. Louis Medical and Surgical Journal* speaks in forcible language of a Boston publishing house that is "papering" the country for a "Disreputable Advertising Fake," consisting of a promise to publish in their travelers' directory the name of *one* "prominent" physician in every locality who, upon paying for such ad. at certain rates, will thereupon be prefaced with a guarantee and statement of his entire reliability. This is one form of a very common swindle; the other form is for certain accident insurance companies to send out agents into the country towns, and select the softest of the local doctors and appoint him as the insurance company's surgeon. For this little diversion the aforesaid doctor takes a policy in the company, paying merely a nominal premium. In due time he will receive from the home office a handsome policy carrying him as a member for the actual time paid, and "boning" him for his assessment *now due*. A remonstrance to the effect that he was appointed the company's surgeon and was given a policy for a whole year, meets with the answer that the agent had no power to appoint any one, and no right to give insurance for less rates; but inasmuch as had he (the victim) died during the continuance of his policy, the company would have paid his heirs the full face of the policy; therefore there were no false pretenses, etc., etc. Oh, yes, it's a very slick swindle. We speak from actual experience.

—A VALUABLE DIAGNOSTIC POINT IN APPENDICITIS.—Dr. Charles McBurney (quoted from the *New York Medical Journal*, December 21, 1889) says: "In every case [of appendicitis] the site of greatest pain, *determined by the pressure of one finger*, has been very exactly between an inch and a half to two inches from the anterior spinous

process of the ilium, on a straight line drawn from that process to the umbilicus."

—The gin cocktail is known to have certain gladsome and refreshing qualities in those milder states of asthenia which follow a day's work and precede an evening meal. Dr. George T. Maxwell, of Jacksonville, Fla., however, in addition recommends the gin cocktail as closely approaching a specific in yellow fever. His formula is: Good gin,  $\frac{3}{4}$  viij.; compound tincture of cinchona,  $\frac{3}{4}$  ij.—*Weekly Med. Review*.

There you are, brethren of the Southern Hom. Med. Association, you who have argued that quinine was a *sine qua non* in the treatment of the fevers of the South. Whisky has been found good for fishermen who are exposed to snake bites; now good old-fashioned gin is also elevated into a medical necessity.

—North of Peking, in China, there is said to be a beautiful pagoda, wholly built of bricks, every one of which was brought for the purpose by individual Chinese.—*Hospital Leaflet*.

There we have it again! Another fond tradition demolished by the iconoclastic Chinaman. Not content with proving himself the inventor of gunpowder, and movable types, he now claims priority in the carrying of individual bricks, thus robbing the American S. O. T. of another laurel. But his American prototype, when he carries the brick, does so for the purpose of building a structure not devoted to religious contemplation. Spirits? Oh, yes, sir. If you put it in that way, true enough.

---

---

## CONSTIPATION AND ITS SURGICAL TREATMENT.\*

By C. A. PAULY, M.D.

ONE of the most common maladies to which we are subject, and one that does more to cause unpleasant symptoms and to interfere with the healthful workings of the different organs of the body, is constipation. By constipation we mean a morbid affection caused by deficient, irregular, or delayed action of the bowels. The bowels may move daily but with more or less difficulty—the motions will be large, hard, and very painful or small, knotty and covered with mucus. The bowels may not move oftener than every two or three days. When such is the case they are said to be confined, and a person so affected is said to be of the constipated habit of body. The bowels may not act thoroughly, the patient may not be able to complete the act of defæcation at one time, or he may be obliged to remain at stool some time before he gets proper relief. This last condition is really one of defi-

---

\* Ohio Hom. Med. Soc., 1890.



cient expulsive power of the rectum and one that finally ends in complete atony.

*Causes of Constipation.*—Constipation may depend upon a sluggishness or weakness of the peristaltic action of the bowels. In fact this is the principal cause, if we exclude all cases in which constipation is due to mechanical obstruction.

Physiology teaches that the peristaltic action of the intestines is a wormlike motion produced by the alternate contraction and relaxation of the muscular fibres with which they are furnished, which gradually moves the food (whilst it is undergoing digestion) through them. Anything that would have a tendency to weaken the peristaltic action, such as badly chosen food or a deficiency of bile (the natural stimulant of the bowel) would delay the process of digestion and so retard the necessary assimilation of fæcal matter in the sigmoid flexure. Sluggishness of the secretive action of the liver is generally due to want of judgment in the proper selection of diet.

Oftentimes there are several forces at work, and it is difficult to tell which is the most important factor in causing constipation. An excessive excretion of water through the skin, lungs, and kidneys causes constipation if not replaced by abundant drinking. On the other hand free drinking of water causes diarrhœa if the amount absorbed is less than the amount taken. Diarrhœa depends upon an increased peristaltic action. Constipation is caused by a diminution of the same.

Among many other causes of constipation we have—inattention to nature's calls, sedentary habits, depressing mental conditions, improper diet, use of opiates and purgatives, the excessive use of enemas, and such diseases as intestinal catarrh, inflammation, catarrh, and ulceration of the rectum.

Of the diseases mentioned, chronic intestinal catarrh is the most frequent cause of constipation. Acute catarrh may be attended by diarrhœa, due to the increased excitability of the intestinal mucous membrane, but chronic catarrh of the bowel is always associated with constipation. The principal cause is to be found in the muscular coat. The nutritive changes that take place in the mucous membrane cause the muscular coat to become flaccid. This relaxation of the muscular coat together with the inactivity of the intestinal walls produce meteorism. In health the accumulation of gas in the intestines is relieved by the peristaltic action produced by the intestinal pressure, but when the elasticity of the walls is diminished the accumulation of gas is prevented from increasing the intestinal pressure, therefore peristaltic action is not excited and the condition becomes chronic.

Chronic constipation may have its origin in the large intestine, caused by a weakening of the peristaltic action of the colon united with an insufficiency of the abdominal muscles which is essential to the empty-

ing of the rectum. At the same time the peristaltic action of the small intestines may be normal.

Again, there may be a want of tone in the muscular fibres surrounding the lower end of the bowel—the rectum—the contraction of which is necessary to the proper forcing out of the stool. This semi-paralyzed condition is considered a direct cause of constipation.

It is a common belief that the rectum is a receptacle for the refuse matter of the intestinal canal, and that it makes but little difference how full it gets or how infrequently it is relieved. This is a mistake. The fæces are naturally stored in the sigmoid flexure until convenient to dispose of them. The rectum acts simply as a shaping or propelling organ for the refuse matter. In health this organ is empty. As soon as the excrement enters the rectum, no matter how small the quantity, it ought to at once excite sensations which should bring about its expulsion. In persons who are habitually constipated the rectum loses its natural sensitiveness and may become impacted with hard, dry lumps of excrement of enormous size. Anatomy shows the rectum to have a greater supply of nerves than any other part of the intestine. Blood-vessels are abundant and the mucous lining is thickly studded with follicles so that the rectal surface is an active absorbing organ. When the fæcal matter enters the rectum it is in a moist state, but after remaining there any length of time the liquid portion, filled with poison, is absorbed by the mucous follicles and carried by the blood to all parts of the body, irritating the different organs and interfering with their normal functions, while the dry and hard lumps are left in the rectum to be expelled.

*Hygienic and Medical Treatment.*—To enjoy perfect health defæcation should take place once every twenty-four hours. By this rule of health the capillary circulation throughout the body is flushed once in twenty-four hours, and the workings of every organ is kept in perfect harmony.

To overcome habitual constipation, proper attention should be given to hygienic and dilatation measures. The patient should “solicit nature” at a certain period of the day, after breakfast being the best time. Live regularly and well. Breathing good air and taking plenty of exercise are necessary for the cure of constipation. Among the numerous remedies given for the treatment of constipation, the following have been effectual: *Magnesia muriatica*, *silicea*, *alumen*, *nux vomica*, *natrum muriaticum*, *hydrastis*, *berberis*, *phosphorus*, *plumbum*, and *sulphur*. *Magnesia muriatica* from the 12th to the 200th has served *par excellence* following surgical treatment of the rectum, when the peristaltic action of the bowel is slow to respond.

*Surgical Treatment.*—Thorough examination of the rectum should always be made. Any irritation involving the lower end of the bowel

and sphincter muscles such as stricture, ulcer, hæmorrhoids, pockets, papillæ, and fissures should be removed. All mechanical obstructions, such as concretions, fibroid tumors, displacement of the ovaries and uterus, should be carefully looked after.

Atony and semi-paralysis of the lower bowel and rectum can be greatly overcome by gradual dilatation of the sphincter muscles every three or four days.

In some cases after the removal of all rectal irritation and thoroughly dilating the sphincter muscles, the latter remain relaxed for a time, then partially resume their former state ; sometimes enough so to prevent a free emptying of the rectum. This obstacle can be overcome by a sub-mucous cutting of the sphincter muscles, and the separation of their fibres.

The operation is performed by making a small incision through the mucous membrane at its junction with the integument in the right of the anus opposite its center. The index finger of the left hand is then passed into the rectum just beyond the internal sphincter muscles. A blunt pointed bistoury is now passed into the opening in the mucous membrane, and through the cellular tissues behind the sphincter muscles, until the point is felt by the finger in the bowel. The cutting surface of the blade is now made parallel with the muscles, and they are divided by a see-saw motion, being careful not to wound the mucous membrane. A bivalve dilator is then passed into the rectum, and the severed muscles put on the stretch. *If all the fibres have not been divided, they should be severed at once, and the operation will be complete.*

This small operation is a safe one, and very satisfactory.

Seventh & John Streets, CINCINNATI, O.

---

---

### MALPRACTICE, MEDICAL AND SURGICAL.\*

By PROF. I. D. FOULON, A.M., M.D., LL.B.

THE subject of this paper is one of importance to all medical practitioners, for, however skillful and careful the surgeon or physician may be, he cannot feel certain that he may not, at any moment, be placed in the position of defendant in a suit for malpractice. Important as the topic is, however, it is one concerning which the members of the medical profession are, as a rule, very imperfectly informed. To supply in brief space and intelligent form a clearer idea of the law of this subject, together with some few practical suggestions that may be of service in an emergency, is the purpose of the present paper.

---

\* Read before the Missouri Institute of Homœopathy, Fourteenth Annual Session. April, 1890.

First of all, permit me to remove a mistaken impression, which prevails largely among medical gentlemen, that the law holds them to a more strict accountability than other professional men, and hence is unfair. The fact is that the law, in this as in other cases, is no respecter of persons or classes, and that the lawyer, the engineer, the architect, in fact all professional men, are, equally with the doctor, held accountable for malpractice in their several professions; and an examination of the special works upon this subject will show that suits for malpractice against members of the legal profession are far from being a rarity. It is true, however, that, of late years especially, the ratio in number of such suits brought against physicians, as compared with those instituted against lawyers, has been quite out of proportion to the relative numerical strength of the two professions, but this arises not from any peculiarity in the law, but, mainly, from certain facts which will become quite apparent as we proceed. While I shall confine my remarks to the medical profession, therefore, bear in mind that, *mutatis mutandis*, they are equally applicable to any other.

The term malpractice implies a departure from correct practice, in other words, a negligent or willful disregard of the duties imposed by the law upon the practitioner. These duties ("implied contractual obligations," the lawyers call them, though they are not essentially contractual obligations but moral duties) these duties of the practitioner, I say, may be summed up in a very few words :

First. He must possess the ordinary skill of his profession.

Second. He must use that skill for the benefit of his patients, carefully and diligently.

Third. He need not undertake the treatment of any case, but, having undertaken it, he must continue its management until he gives notice to the patient or those in charge of him of his intention to withdraw from the case, and as much longer as may be necessary to enable them, by the exercise of ordinary diligence, to obtain other professional aid—and this although the parties employing him may be insolvent or the services may have been understood from the start to be gratuitous.

Actions for malpractice may be civil, in other words, may be suits for damages arising from alleged malpractice or, if predicted upon wanton neglect or willful wrong, may be in the nature of criminal prosecutions. In either case, the action is based upon the allegation of the negligent or willful disregard of the foregoing obligations. It is, therefore, necessary to determine just what is implied in these obligations.

First, then, it is necessary to explain what is meant by that "ordinary skill" which the physician is legally bound to have. The term is not one that is susceptible of close definition. The ordinary skill of the country surgeon is not expected to be equal to the ordinary skill of

the clinical surgeon of a large hospital. In the interest of the public, who must have some sort of medical attendants, and in consonance with common fairness, physicians are to be measured by the average standard of those who surround them : general practitioners by the average standard of general practitioners, and specialists by the average standard of specialists. In general terms, it may be said that physicians are expected to know what is well settled in their profession and to use their knowledge with a fair amount of dexterity.

The possession of a medical diploma or the certificate or license of a legally established examining board, is evidence of the ordinary skill of the lawful holder thereof, and as the large majority of physicians now have one or the other, there is less likelihood of complaint of the want of ordinary skill by the practitioner than of failure to exercise the skill he possesses. It may be well to state here, however, that the diploma of any institution is evidence of the skill of its holder only in the school of practice of the particular institution which has issued it. For instance, if a homœopathic graduate should treat a given patient in allopathic, and through unskillfulness should injure him, his homœopathic diploma would not be evidence of his possession of skill in allopathic therapeutics—indeed, if he had been employed because he represented himself a homœopathist, his allopathic treatment of the case would add to the malpractice an element of misrepresentation and fraud that would increase the danger of his position as a defendant.

Just as, in the practice of law, the lawyer has to deal not only with the known law, but also with unsettled points, unknown quantities in the law, in the facts, the impression produced by witnesses, in the conscious or the unconscious bias of a judge and twelve jurymen, etc., so in medical and surgical practice the medical man has to deal not only with what is clear in diagnosis and settled in treatment, nor with a perfect human machine, but with ailments not always easy to make out, remedies often difficult to select, and physical organizations often weakened by age or previous diseases, tainted with "psoric miasms" or baneful hereditary tendencies to neurotic, cancerous, or tuberculous troubles, all of which may not only complicate the case under treatment by their hidden influence, but may find in the original disease the spark that shall kindle them into mighty, independent conflagrations, that must be fought, while unsanitary conditions in the atmosphere and in the patient's material environments unite with the unknown but mighty reflex influence of mental and moral troubles to add fuel to the flame.

These facts the courts of law recognize, and, therefore, just as no lawyer is held to guarantee the outcome of a suit, so no physician or surgeon is held to guarantee the result of his treatment in any case, unless he has foolishly done so in express terms. If he has, however,

he is of course held to the terms of his contract, and may be called upon to answer in damages for failure to accomplish what he has agreed to—unless what he agreed to do were an absolute impossibility under any circumstances (as if he should contract to make a leg grow in the place of one that has been amputated), when another principle of law (that a contract to do an essentially impossible thing is void), steps in and thus saves him from legal damage, the other party having no cause of action for the violation of a contract which the law says is no contract.

It is easy to make the public and the legal profession understand the difficulties that stand in the way of obtaining a given result in the trial of a case at law, for many of these are represented by visible persons. Not so with the difficulties in the way of the physician: they are invisible forces. To this fact, in the main, is due the much greater frequency of suits for medical than for legal malpractice to which reference was made above.

To a similar cause is due the further fact that suits for malpractice are much oftener brought against surgeons than against physicians as such. The results of medical malpractice may be, and doubtless often are, attributed to disease, in other words they are less visible, while the often unavoidable imperfections of the surgeon's work may be seen of all and are frequently attributed to unskillfulness or negligence.

The question of malpractice in any case must largely turn upon the expert testimony introduced. As the law makes no distinction between the different schools of medicine, and as experts are those who have both theoretical knowledge and practical experience in the science or art which their testimony is intended to elucidate, it follows that where in a suit for malpractice, the question is one of therapeutical practice, no one can be called as an expert save a practitioner, or at least one who has been a practitioner, of the school of medicine to which the defendant belongs. For instance, a homœopathist could not testify for or against the treatment used by an allopathist or an eclectic, so long they adhere to their own modes of treatment, nor could the latter testify for or against him in a similar case. This is a point worth remembering, as it may be a means of cutting off a good deal of malicious testimony of members of rival schools. What I have just said applies *only* to therapeutic measures, of course. In the present stage of medical and surgical science, the surgeon who should go directly from the dissecting-room to the performance of a serious operation, the *accoucheur* who should go from a case of erysipelas to the bedside of a parturient, or the general practitioner who should go his rounds after having visited cases of small-pox, scarlatina, or diphtheria, without thorough disinfection of his person, could not lawfully object to the testimony of physicians of other schools against him ; for in these things, as in

surgical procedures, all schools of medicine are in substantial agreement.

In addition to what I have already said touching the second duty—that of using his skill carefully and diligently for the benefit of his patients,—let me add that, while large fees may entitle the patient to more than ordinary care, the fact that but small fees are expected or that no fees at all are to be received, will not excuse the physician from the exercise of ordinary care and diligence.

The question is often asked, by surgeons especially : “ Could I not require of parties on whom or for whom I am about to operate, an immunity bond—an agreement that, whatever the result of the operation, I shall not be held legally responsible for it ? ”

It has already been stated that the surgeon is not a guarantor of results. If he has the needed skill and uses it with care and diligence, the law will protect him (in the theory at least), but the law will not permit him, or any one else, to make a contract that will save him harmless from the consequences of wantonness or neglect. Such a contract is therefore void, could not prevent the bringing of a suit nor serve as a defense. On the contrary it would be sure to be used by a skillful advocate with telling effect as a cudgel over the head of the over-careful fellow, who would be made to appear to have expected, if not intended, an untoward result.

Let me close this necessarily fragmentary discussion of an important subject with a practical suggestion. Suits for malpractice are not usually brought without any warning. There are usually mutterings of the coming storm. Complaints are circulated in the community by the prospective plaintiff ; payment of the physician or surgeon's bill is delayed without any satisfactory explanation, or perhaps refused on the ground that the treatment of the case has been improper. If the physician neglects to press his claim under such circumstances, his neglect will be construed into a confession of dereliction, and he must not be greatly astonished if, before many days, he should find himself an unwilling party to a suit, which, even if it be successfully defended, will not only cause him some worry and expense, but, in the nature of things, must more or less injure his professional reputation and damage his business.

The wise thing to do under such circumstances, is, usually, to strike the first blow. Remembering that a physician's bill rendered is merely an offer to settle for his services for a certain sum, and that, if it be not paid, the offer has not been accepted in legal contemplation ; that, therefore, he is not thereby prevented from suing for a larger amount, if he can prove that his services were actually worth more than the amount originally charged for them—charge a good, round fee and sue for it without delay. In many cases, the effect will be as magical as

that of a cold douche upon an angry child, and your debtor, all the fight taken out of him, will settle with you and say no more about suits for damages. Even if such be not the result and the case goes to trial, you will stand, not only before the average jury but also before the community at large, in a far better position as a plaintiff, trying to recover for services rendered, when the allegation of malpractice, used as a defense against your claim, will appear as a mere dodge to avoid payment of an honest debt, than as a defendant in a suit for damages, seeming to be endeavoring to squirm out of the legal consequences of an injury inflicted. In this matter, the way to avoid trouble is, as a rule, to meet it more than half-way.

ST. LOUIS, MO.

#### DISCUSSION.

W. E. GREEN, M.D., LITTLE ROCK.—A short time ago a negro received an injury in a mill. Two old-school physicians decided that an amputation was necessary. The owner of the mill did not think it was necessary, but said nothing, and the doctors cut off the negro's leg. During the amputation the negro died. The millman became alarmed, fearing a lawsuit for damages, while the doctors were alarmed, fearing a suit of malpractice. The matter was settled by the millman paying the doctor's charges for cutting off the negro's leg, which amounted to \$25.

DR. W. B. MORGAN, ST. LOUIS.—I understood Dr. Foulon to say that a homœopath registered as such would, when employing allopathic measures, do so at his peril, and would be responsible should the case have an unfortunate termination. My supposition has been that a person authorized to practice medicine was not confined to any one system; that he was allowed to do as he pleased in that matter. In the certificate of the State Board of Health there is no such provision made.

J. A. CAMPBELL, M.D., ST. LOUIS.—I would like to ask the lawyer, if I give twenty grains of quinine at a dose, whether he means that I can be sued for malpractice.

HENRY BARTENS, M.D., ST. LOUIS.—How does that apply to anti-septics? Every surgeon uses them.

J. C. BENNET, M.D., OF KANSAS CITY.—I don't think that the law of similars covers medicines, yet they are allowed by the homœopathic practitioner.

WM. D. FOSTER, M.D., OF KANSAS CITY.—There is one important practical matter connected with this in the State of Missouri. In the practice of surgery the surgeon always assumes and takes charge of the case that he will treat the case in accordance with the principles of surgery as understood to-day. The surgeon may go and see the case and refuse to treat it. He is not obliged to treat it. When a surgeon takes



charge of a case to treat it he will do wisely if before doing so he send for a medical man as a consultant. If any legal question should arise later he can then have the testimony of an additional medical witness. The testimony of two will stand a good deal of hammering. It is always well to have additional evidence.

WM. B. CLARKE, M.D., INDIANAPOLIS.—The readers of medical journals will remember that Judge Barrett of New York rendered a decision in a supposed case. The journals riddled him for stating in his decision that schools could not testify against each other. We had a case in Indiana six or seven years ago. The old school institute these suits and try to injure homœopathy in that way. In Indiana the leading surgeons and physicians have got all their property out of their hands. That is all you have to do.

A. L. MONROE, M. D., LOUISVILLE.—This malpractice goes by States more than anything else. Such suits are particularly frequent in Indiana ; we seldom hear of them in Kentucky.

A. C. WILLIAMSON, M. D., SPRINGFIELD.—Physicians testifying in court in Indiana get better pay than in any other State.

JAS. A. CAMPBELL, M.D., ST. LOUIS.—The liability to malicious prosecutions makes it advisable for physicians and surgeons to put everything out of their hands. One source of danger is in promising too much. Formerly, when I was new in the practice, I promised more than I do now. The suits are often due to promises. All that is necessary is to promise to do the best you know how. Prof. Foulon says that old-school physicians cannot testify as experts in matter of homœopathic therapeutics. I think I have heard of cases where it had been done.

W. B. CLARKE, M.D., INDIANAPOLIS.—I never have seen a suit unless the party has property.

DR. I. D. FOULON, ST. LOUIS.—There seems to be some confusion in the minds of the gentlemen who have propounded queries concerning the subject-matter of my paper, arising from the circumstance that they do not clearly distinguish between questions of law or questions of fact. Whether the administration of twenty grains of quinine in a given case or of drastic cathartics in another be correct homœopathic practice is a question of fact, which I did not and do not discuss, and one which would have to be decided by the triers of the facts upon evidence adduced. If the evidence established the fact that such practice was correct homœopathically, then the physician's homœopathic diploma would be evidence of his possessing the ordinary skill necessary to administer those drugs ; if not, his diploma would have no such effect. As to the journals that "riddled" Judge Barrett's opinion, they did so by mistaking questions of fact for questions of law. Judge Barrett's law was all right whatever may have been the case as to his

facts. Of this there is not the least doubt. It is not, as a rule, much safer to go to medical journals for law points than to law periodicals for medical instruction. It may be true, and I have no doubt it is, as stated by Dr. Campbell, that cases have occurred where physicians have been permitted to testify against others of a different school of practice, although ignorant of the practice of the latter, but this must have been because the proper objection was not interposed. It is because I considered the point one which lawyers, on account of ignorance of the fact of the great diversity in therapeutic measures on the one hand, and doctors, on account of their lack of knowledge of the law of expert evidence, would be likely to overlook, that I made insistence upon it. Suggest the point to your attorney and he will see it quickly enough, and the court will as quickly rule it out, for, I repeat it, no man can testify as to a matter of professional skill unless he have the theoretical and practical knowledge of the matters involved which alone constitute him an expert.

JAS. A. CAMPBELL, M.D., ST. LOUIS.—The opinion expressed is that a homœopath will not be responsible for anything but homœopathic practice. Suppose you have a diploma of both schools?

I. D. FOULON, M.D., ST. LOUIS.—Then show the diploma that shows your ordinary skill in the practice attacked.

---

### OLD MAN, SUPPORT YOUR PERINEUM!

By HENRY V. GRAY, M.D., of ROANOKE, VA.

**A**NATOMY teaches us that the *perineum* is that portion of the outlet of the pelvis which lies anterior to the line drawn between the two tuberosities of the ischia; the portion posterior to this *line* is called the ischio-rectal fossa. The fibrous capsule enveloping the prostate gland is derived from the pelvic and deep perineal fascia. The prostate gland is composed mostly of involuntary muscular tissue—the glandular element being feeble; its ducts open into the prostatic portion of the urethra, and it lies in close relation to the rectum. The deep perineal fascia, or the triangular ligament of the perineum, serves to support the urethra and prostate gland. The urethra passes through this fascia or ligamentous tissue at a point about one inch below the symphysis pubis. The perineum is composed of important structures—the anal and genito-urinary group of muscles; pudic and hæmorrhoidal vessels, nerves; membranous, bulbous, and prostatic portions of the urethra—rectum, prostate gland, recess of bladder, etc.

In the male, the perineum has been studied only in reference to its surgical importance, being the elective point of operations for stone in the bladder, and in diseased conditions of the deep urethra.

Let us see if the *physician* should not also take a friendly interest in this important structure, after viewing such an array of anatomical facts, independent of the surgeon. This article is written with that object in 'view—to bring forward an idea, and develop into a fact, the maxim, "*Old man, support your perineum !*"

This advice is offered more particularly to the man advancing in years, to assist him in the performance of an important duty, and as a preventive of some of those dire calamities which so frequently befall him. As old age creeps on, it is in accordance with nature for all the vital forces to weaken—"sans teeth, sans eyes, sans taste, sans everything." His muscles lose their elasticity and tonicity. There is a sagging, sluggish, bulging, pouching, sacculating condition—a falling down, or helplessness, of all the pelvic viscera—of the membranous, bulbous, and prostatic parts—and of the rectum—a hyperæmic, stasic, constipated, or lax state of affairs—a non-performance in proper manner of rectum and bladder—a "stinking of the residual urine," so aptly spoken of by that distinguished son of Virginia—yes, of the two Americas—McGuire, and there is but one.

This is, then, the centering, basic point of the author's advice—*Old man, support your perineum*, if you would avoid these things, and many other evils. When at stool, supposing you are in the usual attitude, that of squatting over a commode (upon feet, knees flexed), place your right hand under the right thigh—the palm of the hand rather in a diagonal line ; press the palmar surface of the fingers firmly between the scrotum and anus, not too pointed. Make a reasonable inspiratory effort, which will force the perineum outward ; and, by giving the proper support and resistance with your hand, you can readily and completely empty both bladder and the rectum, and thus prevent that bulging and sagging of the urethra and rectum which would otherwise follow the effort. You not only accomplish, in a satisfactory manner, what you have undertaken, but you break up the tendency to constipation, force back the blood into the general circulation, abridging the synchronism to piles, abscesses, fissures, hypertrophy, of prostate gland, cystitis, and that horror of many old men, pruritus ani.

Would that the same application could be made to the female. Strange to say, whilst she has also a perineum, it is of but little value in this respect, until it is magnified, enlarged, and developed in the third stage of labor, having an accouchement value. What a world of comfort would it be to the female in her constipations, prolapsus, etc.

The great Prof. S. D. Gross said to us in our student days, "Gentlemen, I will instruct you to-day how to make a good poultice ; and if you hereafter carry out rigidly my instructions, you, doubtless, will thank me, and you will have, at least, been paid back one dollar of the fifteen dollars paid me as my fee in this branch of your profession "

Likewise, I will state, if the old man will hearken to the advice herein given, I feel secure in saying he will thank me for my feeble effort in his behalf.—*Va. Med. Monthly.*

---

## SYMPATHETIC NERVE WASTE AS A FACTOR IN CHRONIC DISEASES.\*

By WELLS LEFEVRE, M.D.

NOTHING is more pernicious to a scientific mind than that of accepting the teaching of another without proving it in practice. We fall into and find it so easy to continue in the channels which only wear deeper and narrower with time. But woe to him who would traverse these channels at any angle, especially an acute one!

Many of you will recognize the vast field to which the title of this paper invites your attention, as that which has been so thoroughly and fearlessly explored by one who dared to step aside from the dusty paths of medicine and surgery, and has led the way in new lines so successfully that physician and patient alike are made to say : Thank God for the teachings of Prof. Pratt.

If you will look back through the enormous mass of literature on medical topics, you will readily see only a few vital and safe stepping-stones, and on each of these you may find the name of one who fought for his professional birthright while he chiseled it out.

The first step in the diseases of any organ, or part of the body, is paralysis of the nerves which control its blood supply. The object in the use of remedies is to restore the equilibrium of these nerves and secure a normal blood pressure. If this is not accomplished and the organ passes on to a hopeless state of degeneration, then the territory of operative surgery has been reached and the part must be removed. But remedies too frequently fail to relieve the engorgement, and yet nature resists the progress of disease and the organ passes into the stage which we call chronic disease. In just this place the theory of artificial irritation comes to the rescue and aids the remedies to perfect a cure.

There may be some here who have not given a hearing to this subject, or who have not yet a satisfactory knowledge of its principles. To such I desire to speak especially.

Having been intimately associated with it in both public and private work, and having seen the results in my own cases, as well as in those of others, I am pleased to say that the results have been in accord with the skill and thoroughness of the operator, and I know of no

---

\* Read before the Southern Homœopathic Medical Association.

valid reason why it should not be applied in the treatment of chronic diseases.

I have no apology to make for bringing it before you here except a desire to bring the greatest good to the greatest number of the poor creatures who wander from doctor to doctor, from sanatorium to sanatorium, from one side of the earth to the other, seeking relief from a life too miserable to extend, yet not sick enough to die.

We have known that there is in man a force which we call vitality, and it is a precious gem which man cannot recover without great difficulty. But its center and its connections with the external man have been problems of no mean proportions. We have also known that the outer man is the subject of the inner; that if the inner be dead the outer quickly succumbs, but what do you find in your books of where these two meet? Would this not be an opportune place to reach and influence them both.

Anatomy has taught us that there are two sets of nerves. The one we have called the "cerebro-spinal" and the other the "sympathetic." We see that the one is distributed almost exclusively to the muscles, joints, and skin, while the other goes to, traverses, and twines about every artery, vein and nerve in the entire body; thus penetrating and controlling the blood supply of every variety of tissue.

This means that the sympathetic nerve controls the organs of digestion and assimilation; that the whole process of nutrition is subject to its whims. Not this only, but the kidneys, skin, and all organs included in the scavenger system are its subjects. If we may thus control the process of blood making, distributing, and purifying, have we not found a valuable method in the treatment of disease?

We find that these two sets of nerves meet where the skin and mucous membranes meet—at the openings of the body.

Physiology teaches us that the cerebro-spinal system conveys the impressions of the outside world to the brain—the center of that system—and back to the muscles, and the outer man obeys, but what has it taught us of the functions of the sympathetic? Carpenter gives us more than all others in these few words: "The sympathetic nerve not only controls the quantity but the quality of the secretions." We have abundant reason to believe this to be true, since we know that an organ has an increased supply of blood before its functional activity begins; and that any shock to the sympathetic, such as the receipt of sad news, may arrest the process of digestion, or the nursing mother so change the quality of the milk by a fit of anger that it is rendered absolutely poisonous to the child.

We have seen the emotions act and react upon our patients. Men fall dead from fright or joy, and we know it came through a shock to the sympathetic nerve. If it be so great a power for evil may it not be

equal for good? These are truths of which fragments have been used at different times in the treatment of disease, but no attempt was made to develop or systematize them until a few years ago. At that time Prof. Pratt demonstrated that in all chronic diseases which resist medical treatment there is an exhaustion of this sympathetic nerve and a consequent abnormal blood supply to any organ in the body. The part of the body so affected will be the weakest point in the body, just as the weakest link in a chain will be the one which yields under a heavy strain.

He also demonstrated that this exhaustion occurred in every instance at one of the lower openings of the body, and that too in many instances without the knowledge of the patient. Several of us have verified his statements many times in the cure of cases which have baffled us and many others. Diseases of the nerves, in the form of neuralgias, sciatica, paralysis, hay fever, asthma, etc. ; diseases of the skin, as in eczemas ; of the bones and joints ; of the stomach and bowels, as we so frequently find them in constipation, diarrhœa, or indigestion ; of the kidney and bladder, liver and spleen, sexual organs, and vocal apparatus. In all these when remedies fail you may depend upon it there is a reason for it, and that there exists some irritation at one or both orifices which is hindering the process of repair.

Many patients will present themselves with histories showing that some work has been done on one orifice with little or no results, and in each case you will find imperfect work, or the other orifice is in bad condition and thus good results are delayed. This is especially the case in the diseases of women. They have been treated and cauterized, douched and tamponed, and finally subjected to ovariectomies until our wives and sisters can scarcely dare claim social recognition unless they are able to refer to the eminent gynæcologist who unsexed them.

For the sake of suffering humanity, ladies and gentlemen, let us use our influence against such indiscriminate resort to this nefarious practice and allow our conscience to stand erect before our God.

After you have given medicine a thorough trial without obtaining the results, remember the importance of an improved circulation and that it may be secured by appealing to the sympathetic nerve at the orifices. If your experience agrees with mine you will prevent many major operations and finally cure the large percentage of failure among the few who survive them.

With it you may improve the capillary circulation of the entire body, and thus increase the nutrition and render a patient, who you find does not respond to the indicated remedy, so active that care must be exercised how you give the same medicine or you will aggravate before you cure.

The indication for its employment is simply the fact that the patient does not recover health from the use of proper medicines. You cannot rely upon the absence of sensations indicating to the patient that trouble is present. Some of the most decided results have been obtained with those who were wholly unconscious of their true local condition. They simply know they were sick and did not get well. Neither will you find the local condition correspond in severity with the constitutional disturbance.

By the judicious use of this principle you may rescue when others have failed; you may see health come back to the cheeks of those whose names are legion, and you may hear that which is dearest to the heart of the true physician: the gratitude of those whom he has restored.

With it you may at the close of this arduous, self-sacrificing life lie down at peace with your God, yourself, and your neighbor.

HOT SPRINGS, ARK.

---

#### CUPHEA VISCOSISSIMA IN CHOLERA INFANTUM.\*

By C. O. MUNN, M.D.

TO Dr. A. A. Roth belongs the honor of first introducing cuphea to the medical profession; and his attention was called to its curative action in cholera infantum, by a lady friend who had used the remedy in domestic practice.

It is not so much in the true choleric type of cholera infantum that cuphea has its sphere of action, as in those cases arising from acidity of milk or food, with frequent *green, watery, acid stools*; child fretful and feverish, can retain nothing on stomach; food seems to pass right through the child. Or the case may be manifested by dysenteric stools, small, frequent, bloody, with tenesmus and great pain; high fever, restlessness, and sleeplessness. In this class of cases, the action of cuphea is prompt and generally lasting,—just such cases as try our patience and skill during the summer months.

I have used this remedy for the last two years; and so great has become my confidence in it that I have lost my former dread of those cases.

I use a constitutional remedy in connection with cuphea when needed.

Cuphea seems to have very little action in ordinary forms of diarrhoea.

Dr. Roth reports constipation following several days' use of the remedy. I have not yet seen this action.

---

\* Ohio Hom. Med. Society.

*Dose* : 5 to 10 drops of the tincture, according to age, every hour until relieved, then a dose after each stool until cured.

CLINICAL CASE.—Infant son of my own family. On the fourth day after birth, diarrhœa appeared, with frequent watery stools (four to twelve a day), variable in character : at times yellow, but most frequently green ; often slimy, and sour smelling ; frequently containing curdled milk ; occasionally blood-streaked mucus. Sometimes a stool would be more natural in character, followed, probably, by a very bad one. Stools generally painless ; at times pain before stool, or straining at stool. Otherwise, child seemed perfectly healthy. The mother was in excellent health.

This condition lasted for three months regardless of all I could do for it, ceasing suddenly at the end of the third month.

Main remedies used : Sulp., ipec., merc., mag. carb., nat., phos., rheum., cuphea vis., and Phillips' milk of magnesia.

Cuphea and milk of magnesia were the only remedies that seemed to make any impression. Cuphea would cut the number of stools down [to two or three a day, and change the character to a yellow. But the old condition would return within twenty-four hours after ceasing the remedy. I finally left the case to nature.

Dr. Walton reports a similar case.

I neglected to test the mother's milk for acidity.

The child is now six months old, strong and vigorous, apparently in perfect health.

What caused the trouble, and what would have corrected it ?

OXFORD, O.

---

## OUR SURGICAL TREATMENT OF EMPYEMA.\*

By T. C. MARTIN, M.D.

THE best treatment of empyema is based upon those principles involved in the most approved management of any other abscess. Since the establishment of antiseptic surgery, free drainage is the general practice, and accordingly we no longer await spontaneous eruption. Pus is steadily aggressive and restlessly pursues its pioneer course of penetration into the neighboring parts, claiming each advance by its pyogenic membrane. So, even 'healthy' pus is declared noxious and destructive, and it is agreed that however small the abscess the sooner it be emptied the better for the patient. A pus collection is regarded as serious or dangerous according to its proximity to organs performing important functions ; a pyothorax may burst through the bronchus, or the substances of the lung, or it may burrow through the diaphragm and cause peritonitis.

---

\* Ohio Hom. Med. Society.



Diagnosis of the acute form is presumed from the intense constitutional disturbance and severity of the pain. The chronic from its origin and duration, and the hectic condition of the subject. Baccellé says: "The non-conduction of the whispered voice through purulent, and its conduction through serous, fluids to the ear of the observer placed on the chest-wall is a reliable diagnostic sign." A safe and generally trustworthy instrument of diagnosis is the hypodermic syringe or aspirator. Yet, if the case be chronic and the pus inspissated this will not be effective. Negative results from its use are not reliable. I have known it to fail in several instances. Conjoint testimony of history and physical sign is, of course, absolutely to be depended upon.

Diagnosis arrived at, operation should not be delayed, for each postponement is another compromise on the patient's life. Various methods of procedure are detailed in the recent literature. Whichever method be chosen, the first duty is to decide the point for operation by determining the non-adhesion of the lung at that spot. Absence of vocal fremitus and respiratory murmur over this area is reassuring. The aspirator, excellent in serous effusions, is unsatisfactory in empyema, for, on account of its small calibre, it invariably leaves in the chest some of the thick pus products. Even in acute cases one evacuation is usually insufficient; aspiration, therefore, as it may fail to empty the abscess, and as it leaves no track for drainage, is not to be preferred—this latter objection also holds against the trocar.

---

---

## HOMŒOPATHISCHE CENTRALVEREIN DEUTSCHLANDS. — ANNUAL SESSION.

DRESDEN-A, SAXONY, 9th April, 1890.

DEAR CONFRÈRE :

The "Homœopathische Centralverein Deutschlands," the oldest European homœopathic society, will meet this year in Dresden, on the 9th and 10th of August.

The 9th we will visit together Meissen and the house where Hahnemann was born, and the 10th, after the scientific session, we will dine with our friends at the Belvedere, in Dresden.

Dr. Kafka, sen., from Prague, will be chairman.

We would be very happy if some of our American friends, then in Europe, would join us, and therefore I ask you to notice our session in your paper.

As member of the local committee, I beg that word may be sent me if any one wishes to join us, and especially if he wishes that rooms may be secured for him.

With kindest regards, most truly yours,

DR. ALEXANDER VILLERS.

## THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

THE Twenty-sixth Annual Session of the Homœopathic Medical Society of Ohio convened in Cleveland, on May 13 and 14, with an average attendance of one hundred and fifty. The business meetings were held in the Homœopathic Hospital College on Prospect Street, while the general headquarters were at The Hollenden. President John A. Gann, of Wooster, called the society to order, when the Rev. F. L. Hosmer, of Unity Church, invoked the Divine blessing. Dr. H. F. Biggar then introduced his Honor the Mayor of Cleveland, Mr. Geo. W. Gardner, who welcomed the society in courteous phrase, and the response on the part of the society was made by Dr. Frank Kraft, of Toledo, who spoke briefly of a former visit and its hospitalities, promised courtly conduct on the part of the members, and extended an invitation to his Honor to stay at the sessions. The presentation of the minutes was informally done, as also the report of the Secretary. The Treasurer's report showed a small balance in the treasury. The Publication Committee reported by the production of the printed proceedings. Drs. Van Norman, House, and Moore were appointed the Auditing Committee. On call for credentials to and from other societies, Dr. Howells reported as delegate for the women physicians of Hamilton County; Dr. Cranz, for Eastern Ohio; Dr. House, the Montgomery County Medical Society; Dr. Biggar, The Round Table Club, of Cleveland; Dr. Schneider, for the Hospital College, of Cleveland; Drs. T. P. Wilson and L. Younghusband reported for Michigan; Dr. Walton represented the Kentucky State Society, the Southern Homœopathic Medical Association, and the Homœopathic Lyceum of Cincinnati. Letters were read from Drs. Cowperthwaite, Wigg, Fisher, Runnels, Beebe, and Baldwin. The President's address was then read by Dr. Gann, and at its conclusion Drs. Biggar, Clemmer, and Moore were appointed to consider its recommendations and general purpose.

Under Report of Bureaus, Dr. Walton presented the only paper on Registration, Legislation, and Statistics, being prepared by Dr. Owens, Sr., being a résumé of the legislative work in Ohio during the year. Under Sanitary Science a paper was read from Dr. Beebe on "Sanitation and Public Opinion," and also a paper by Dr. Clemmer on "Boards of Health vs. Politics." The latter elicited considerable discussion. The Board of Censors reported for membership the following: T. W. Morley, Huron; Kent B. Waite, Cleveland; G. W. Spencer, Cleveland; Perry A. Cole, Cleveland; Emily L. Barnes, Cleveland; A. G. Bailey, Cleveland; John R. Gleason, Cleveland; C. D. Ellis, Cleveland; W. E. Wells, Cleveland; C. A. Stedman, Cleveland; D. Dillman, Cleveland; Hudson D. Bishop, Cleveland; J. C. Blinn, Fredericktown; Thomas Ryall, Shelby; W. B. Hinsdale, Wadsworth; J. T. Carter, Cleveland; A. F. Baldinger, Cleveland; H. V. Beardsley, Findlay; Mary J. Booth, Cincinnati; J. O. Morrow, New Lisbon; Ellen H. Maltbie, Ashtabula; and Dr. L. Younghusband, of Detroit, as an honorary member.

## Recess.

On reassembling Dr. Ashman, Health Officer of Cleveland, addressed the society on Sanitary Topics. A paper by Dr. R. D. Tipple, of

Toledo, was read by the Secretary. This was followed by a paper from Dr. Beckwith, on "Progress of the State Board of Health of Ohio."

The Bureau of Surgery was opened by its Chairman, Dr. G. W. Moore, by presenting a paper on Osteomyelitis, by Dr. C. E. Walton, and read by him.

A cable message was read at this point from Drs. Beebe and Pratt, at Paris.

"Constipation and its Surgical Treatment," by C. A. Pauly, was read by Dr. McDermott. "Empyema," by Dr. Martin, of London, was read by the Secretary. Dr. Biggar gave an extempore address on "Appendicitis," which was discussed by Drs. Walton, Schneider, Ryall, Croft, Clemmer, and others. "Anaplasty, or Artistic Surgery," was the Chairman's paper, and read by him, this closing the Bureau.

Drs. S. L. Hall, of Cleveland, and F. A. Reed, of Cleveland, were presented by the Censors and elected.

The Bureau of Pædology was then called by its Chairman, Dr. M. P. Hunt, of Delaware. The paper of Dr. Owens on "Infantile Diarrhoea," read by title and referred. Dr. Martha M. Howells read an interesting paper on "Origin of Children's Diseases." The Chairman's paper on "Spina Bifida, with Case," proved an excellent one.

The Bureau of Anatomy, Physiology, and Pathology, was postponed until the following morning.

The Necrologist, Dr. Beckwith, reported four deaths, Drs. Cleveland, Rowsey, Eaton, and Cropper.

#### SECOND DAY'S PROCEEDINGS.

The Committee on Treasurer's Report reported the correctness of such accounts, and were discharged. By vote of the Society the Bureau of Surgery was reopened, and Drs. Palmer and Deetrick were permitted to present papers on "Fractures of the Skull," and "Rare Cases of Laparotomy."

A question of ethics having arisen during the past few months, a committee consisting of Drs. Walton, House, and Johnson were appointed to consider the matter of furnishing a certificate of good standing to a former member. The Committee ultimately reported against such certificate.

In the absence of the Chairman, Dr. House took charge of the Clinical Medicine Bureau, the first paper presented being on "Coffin Cases Cured," by Frank Kraft, M.D. Dr. Johnson presented a volunteer paper. The papers of Drs. Houston, Munns, and one on "Ulceration of the External Coats of the Stomach," were read by title. Dr. House's paper on "Necrosis" was read and discussed.

The Bureau of Obstetrics was called by its Chairman, Dr. J. Kent Sanders, Dr. Van Norman presenting a paper on "Instrumental Delivery," which was plentifully discussed.

Recess.

On reassembling, the Obstetrical Bureau was continued, Dr. J. C. Sanders reading "Puerperal Mastitis," and the Chairman closing with "Antisepsis and Care in its Application to Obstetrics."

Dr. Younghusband read "Electricity as a Therapeutical Agent," and at its conclusion a vote of thanks was tendered him. The paper of Dr. Wigg on "A Casket of Eighteen Jewels," was read by title.

Dr. Buck opened his Bureau of Nervous Diseases by introducing

Dr. Stella Hunt, who read "Some of the Causes of Nervous Troubles in America." The paper of Dr. Kraft on "Dreams, Omens, and other Psychological Problems," was, by request of its author, read by title and referred. So also the paper of Dr. Hastings on "Neurasthenia." The Chairman closed the Bureau by presenting "Memory and Consciousness," which was discussed fully by Drs. T. P. Wilson, Walton, Claypool and others.

The Bureau of Gynæcology was presided over by Dr. Biggar, who presented a paper by Dr. Hoyt on Leucorrhœa, which was read by title and referred. Dr. Claypool read a paper on "Exploratory Incisions in the Abdominal Cavity"; after which Dr. Deetrick read such portions of his surgical paper as referred to Laparotomy, and the Bureau was closed.

Dr. McDermott presented in the O. and O. Bureau the paper of Dr. Wilson on "Barbers, Surgeons, and Oculists," but which the author specially requested be read only by title, owing to the lateness of the hour. The papers of Drs. Tipple, Stewart, and Palmer were also read by title. The Chairman, quoting from a medical journal, gave an extempore address on "Eye Cases from La Grippe." He was followed in a few remarks on "Rest as an Important Factor in Asthenopia," by Dr. Phillips.

The Censors made their final report by presenting the name of E. H. Butman, of Cleveland, for membership (thus making 25 new members).

Dr. Howells presented a resolution to appoint a woman physician to each insane asylum in the State. Dr. Wm. Owens, Sr., was elected Chairman of the Bureau of Materia Medica.

Dr. Julius King, having retired from general practice, asked and was given his withdrawal from society membership.

Findlay was selected as the point for the next annual session. The following officers were then elected :

E. R. Eggleston, M.D., Cleveland, President ; O. A. Palmer, M.D., Warren, First Vice-Pres. ; O. D. Childs, M.D., Akron, Second Vice-Pres. ; R. B. House, M.D., Springfield, Secretary ; T. G. Barnhill, M.D., Findlay, Asst. Secretary ; C. D. Ellis, M.D., Cleveland, Treasurer ; D. H. Beckwith, M.D., Cleveland, Necrologist.

The Board of Censors are as follows :

T. G. Barnhill, M.D., Chairman ; R. B. Johnson, W. B. Croft, Stella Hunt, Marth A. Canfield, J. H. Wilson, and C. E. Walton.

Drs. T. P. Wilson and D. F. Baker were appointed delegates to the Michigan State Society ; Drs. C. E. Walton and R. B. Rush to the American Institute of Homœopathy ; Drs. Walton and McDermott to the Kentucky State Society and the Southern Homœopathic Medical Association.

A resolution of thanks was voted the retiring President and Secretary, and to the Cleveland physicians.

The Bureaus for the ensuing year are filled as follows :

Anatomy, Physiology and Pathology : F. W. Morley, C. C. True, and E. Gillard. Clinical Medicine : Baxter, Crank, Kraft, Gann, Houston, Childs, Owens, Sr., House, Hall, Palmer, and Croft. Sanitary Science : Cranz, Beebe, Beckwith, Clark, Hinsdale, and Church. Registration, Legislation, and Statistics : White Harding, Beckwith, M. P. Hunt. Surgery : J. Kent Sanders, Clemmer, Walton, Biggar, Schneider, Martin Miller, Deetrick, and Pauly. Pædology : Stella Hunt, Howells, Owens, Sr.

Crank, Geiser and Geohegan. Obstetrics: R. B. House, Childs, Webster, J. C. Sanders, C. Hoyt, Canfield, and Kirk. Gynæcology: Walton, Claypool, Biggar, Miller, and Parmalee. Mental and Nervous Diseases: Kraft, Buck, Barnhill, Jewitt, Johnson, J. C. Sanders, Waite, Carter and Warner.

The physicians of Cleveland had prepared for the entertainment of their visiting brethren a banquet on the evening of Tuesday the 13th, at The Hollenden, which was a marvel of completeness and comfort, as well as viands and good cheer. The "flow of soul" continued for a number of hours, when the "feast of reason" supervened, and toasts were given and responded to as follows, Dr. J. D. Buck, of Cincinnati, acting as Toastmaster: "Samuel Hahnemann," response standing and in silence; "The American Institute of Homœopathy," response by Dr. H. B. Van Norman, of Cleveland; "The State Society," by President Gann, of Wooster; "Medicine as a Science," by Dr. Beckwith, of Cleveland; "Medicine as an Art," by Dr. J. W. Clemmer, of Columbus; "The Law of Progress," a poem, by Dr. T. P. Wilson, of Detroit; "The Cleveland Physician," by Dr. C. E. Walton, of Cincinnati; "The Ladies," by Dr. L. Younghusband, of Detroit; and "The Press," by Dr. Frank Kraft, of Toledo.

Before breaking up, the assembled guests voted a bouquet of thanks to the Cleveland physicians, and to The Hollenden, for the success of the evening's entertainment.

---

The fourteenth annual meeting of the Homœopathic Medical Society of the State of Oregon was held on May, 13, 14, and 15, at the Gilman House, Portland.

The following doctors were received into membership: Chas. A. McCrum, M.D.; H. C. Jefferts, M.D.; H. G. Anderson, M.D.; H. F. Stevens, M.D.; and Orpha D. Baldwin.

The following officers were elected for the ensuing year: President, Dr. Geo. Wigg (re-elected, third term); First Vice President, Dr. B. E. Miller, (re-elected); Second Vice-President, Dr. S. A. Brown; Recording Secretary, Dr. H. B. Drake; Corresponding Secretary, Dr. Osmond Royal; Treasurer, Dr. Clarence L. Nichols; Board of Censors, Dr. A. S. Nichols, Dr. C. E. Geiger, Dr. C. A. McCrum, Dr. H. F. Stevens, Dr. H. C. Jefferts. Executive Committee, H. B. Drake, B. E. Miller, A. S. Brown. Legislative Committee; L. Henderson, M.D., Salem; S. A. Brown, Portland; C. E. Geiger, Portland.

---

### GLOBULES.

—Dr. Robert Boocock, of Flatbush, L. I., has opened a homœopathic dispensary which will be practically self-supporting.

—C. J. Luyties, M.D., of St. Louis Homœopathic Medical College, has gone to Europe for a much-needed vacation and rest.

—The Homœopathic Medical Society of Ohio holds its next Annual Session in Findlay, R. B. House, M.D., Springfield, Secretary.

—The Indiana Institute of Homœopathy at its recent session received thirty-seven new members. Yes, sir, Homœopathy is still dying out.

—It is stated as a fact that those who work in sugar refineries have an overgrowth or surplus of hair.

—Dr. Orpha D. Baldwin has removed from Cleveland, Ohio, to No. 216 J Street, East Portland, Oregon.

—Braized sweetmeats and purée of spinach look suspiciously like something Aconite is good for. How is this, brethren of the Round Table Club?

—CONSTIPATION.—A full sized bottle of Pavara pills sent free for trial to every one addressing a card to Topliff's Laboratory, 115 Fulton Street, New York, if this journal is mentioned.

—Dr. T. Morris Strong, formerly Chief of Staff of Ward's Island Homœopathic Hospital, New York, has removed to 720 Mulberry Street, Macon, Georgia, where he is giving special attention to diseases of throat and chest.

—The Syracuse (N. Y.) Homœopathic Free Dispensary, 213 East Genesee Street, near Warren, is officered as follows: J. W. Sheldon, M.D., President; S. L. Guild-Leggett, M.D., Vice-President; J. H. Hallock, M.D., Secretary and Treasurer.

—The paper of Prof. Foulon, given in this issue, will give welcome information to many of our readers, concerning their legal liability and status in malpractice suits. We recommend a careful reading. Prof. Foulon writes a clear cut, interesting paper.

—T. P. Wilson, M.D., of Detroit, was a welcome visitor at Cleveland during the State Society Session. He is a ready talker on the floor, and a witty combatant. His answer to the toast was a poem, and read as only T. P. can read his own production.

—Dr. N. Schneider, of Cleveland, has returned from his visit to Florida restored in health and again hard at work with his practice. He was a prominent figure in the late session of the State Society, taking active and leading parts in all the discussions.

—A Los Angeles midwife says that in cases of retained after-birth of abortion a sure cure is to have the patient sit over a chamber in which an old hat has been burned.—*New Remedies*.

Do you see the connection between old hat and abortion?

—CURIOUS REMEDY FOR NAIL WOUNDS.—As soon as possible after receiving a wound of that kind set a woollen rag or cloth on fire and, smothering the flame, hold the wounded part over the smoke for five or ten minutes. If the wound is painful repeat the operation.—*San Francisco Examiner*.

—A MANSFIELD FREAK.—A child was born to a young woman who resides in John's Addition Sunday afternoon, which was something of a freak. The child was perfectly formed as to head and body, but one of its legs started from its back near the spinal column and was stunted. The other leg was perfectly formed, but the child was not healthy, and it died in a short time after its birth. The mother is only sixteen years old.—*Mansfield News*.

Almost as bad as the other case where a child was born with one perfectly formed face before and one behind.

—We learn that there is an arsenic spring near Cement Creek, two and one-half miles from Silverton, Col. There is a coating of mineral or mineral substance that covers the rocks and ground around the spring. Traveling along the stream a burro will not drink, cross it, or go into the water.

—**SWALLOWED AN OPEN PENKNIFE.**—Miss Alice Elliot, of Ottawa, Ont., aged twenty-three, while suffering from dementia, recently swallowed a small penknife with the blades open. So far she has experienced no evil results, but her physician, Dr. Bell, is watching the case with great anxiety.

—Time would fail me to tell how homœopathy is spreading all over the world. In America we have nine thousand five hundred practitioners, fifty-seven hospitals, several State supported lunatic asylums, one hundred and ten societies, twenty-six periodicals, as well as a number of annual publications containing reports of transactions.—*Annual Address.* (Oregon) Geo. Wigg, M.D.

—We are pleased to note the change of title-page of our est. cont. *The Northwestern Journal of Homœopathy*. It is a vast improvement over the dingy cover heretofore used, with its hydrocephalic profile of Hahnemann. The editorial, "Farewell, Dr. Guernsey!" is unmistakable in its intent. It was evidently written by one who knows not only the facts, but also how best to present them.

—The intelligence has just reached us that the little child of a physician practicing in a neighboring State, found its way into its father's office and helped itself to a bottle of pills; as these proved to be medicated with tinct. belladonna and digitalis, the sequelæ proved fatal. Careless? Of course it was careless. But what will you say when told that this happened in the office of a *homœopathic* physician?

—We hope no one will set us the task of discovering who is now the editor of the *Homœopathic Recorder*. It would be a difficult matter, we opine, to discern the modest editor who speaks of himself repeatedly in the third person. The *Recorder*, after O'Connor, and Millspaugh, has taken a queer plunge, when it gives the tiller rope into the hands of one who has no good word to say for homœopathy and homœopathic leaders.

—Dr. Kent B. Waite, editor of *College Argus*, Cleveland, is one of the brightest of bright young men. The right man in the right place, as the visiting physicians at the Ohio State Society sessions recently held are willing to testify; combining as he does rare executive ability and tact, with an exhaustible fund of wit and humor, he proved himself perfect master of every situation in which he was placed, however arduous the labor entailed. May he live to eat the hen, etc., etc.

—Dr. West does not believe in riding a hobby. In a large hospital much needs to be done, which can be safely left undone in private practice. The person born at his first confinement case will be fifty-four years old next September. Has had the average number of cases since that time amongst all classes of people and cases, and has never had a death from puerperal fever, and has never used an antiseptic during the whole time.—*Proceedings Mass. Hom. Med. Soc.*

—As a stimulant to the mammary glands there is nothing superior to electricity. It develops these organs, makes them larger, and increases the quantity of milk. Where a mother has too little milk, and the quality is poor, electricity will increase the quantity and improve the quality. In a number of cases, where the milk has been dried up for several weeks, I have been able, with the aid of electricity, to cause its return. I have usually employed the galvanic current.—*Dr. Kershaw, in Southern Journal of Homœopathy.*

—Argentine Republic presents ample room for homœopathic practitioners. "Any one going out," says the *Monthly Homœopathic Review (London)*, "should have his English diplomas certified to before starting. On arrival he must devote about four months to the acquisition of enough of the Spanish language to enable him to pass the examination necessary to admit him to practice in the Republic." Address Butcher & Co., Blackheath, London, for further particulars.

—"The Physician's Pocket Day Book and Ledger," of W. W. Hitchcock, Los Angeles, Cal., is unquestionably one of the most complete pocket-books that we have ever seen or used. It occupies no more room in the breast-pocket than an ordinary memorandum book, and yet by its ingenious and simple arrangement the doctor carries each patient's account at every visit he makes. It is always posted and always with you. The usual information found in Visiting Lists is added. Price \$2.50, and \$3 with name on cover.

—*Lippincott's* for June has the usual complete novel, by Mary E. Stickney, entitled "Circumstantial Evidence," which is not a legal figment, but a story of misunderstandings, jealousies, and final reconciliation of a young couple, told in a natural and charming manner. The story is full of good situations, and here and there verges upon the tragic, but "all's well that ends well." The remainder of the magazine is filled with the usual excellent assortment of literary menu, closing With the Wits, where food for several whole-souled laughs may be found.

—IODIDE OF ARSENIC.—Strange, though, that one of these physicians reporting to the *American Medical Journal* should not have realized the tendency of the line of thought he was following when he said, "I would recommend iodide of arsenic in influenza; only let there be sneezing, watery eyes and nose, and let such discharges be *excoriating*. [The last word being in italics.] I was led to use it through the recommendation of Dr. E. M. Hale of Chicago."—*Address of President Gann, 1890, Ohio Hom. Med. Soc.*

—Dr. E. Lippincott, of Memphis, has associated with him C. D. Tufford, M.D., C.M. (Master of Surgery), M.C.P. & S., of Ontario, Can., formerly member of the Canadian Homœopathic Medical Association, and of the Saginaw Valley Medical Society. Dr. Tufford was formerly manager and surgeon to Northwestern Hospital of Bay City, Mich.; and afterwards Consulting Surgeon to the London City Hospital. It was through his exertions and influence that a medical and surgical ward was secured for the homœopaths in this hospital. He has filled other important appointments. This makes a strong team for Memphis and we bespeak for them a hearty support.



—A DRUG STORE CLERK.—If I should be asked what was the best substitute for quinine, I should say onions. Time and again the sleep-producing virtues of the loud-smelling onion have been sung, but comparatively few know how valuable it is as a cure for chills and ague. Several customers explain their boycott on quinine by saying onions are cheaper and quite as effective, and one man in particular, who has been a martyr to malaria for years, has been another being since he acquired the habit of chewing onion peel. The onion is used frequently to cure rheumatism with varying success, but I have never heard of its failing when persevered in as a cure for malaria or chills.

—A GREAT POPULAR CYCLOPEDIA.—The last volume issued of Alden's *Manifold Cyclopaedia* is fully up to the high standard of the preceding volumes, and readers will be pleased to learn of the rapid progress the work is now making; strong financial allies have been secured in the publishing department, two large printing offices are now at work upon it, and the publication is to be hastened to completion with all the speed that abundant resource and energy can give it. People have wondered how a work of such superior merit and magnitude, and so handsomely and thoroughly well got up—a rival of the *Britannica*, *Johnson*, *Appleton*, and the rest—could be published at all, at prices so remarkably low, and searchers after knowledge, as well as the publishers, are to be congratulated upon the new promise of success. A 40-volume *Cyclopaedia*, including an *Unabridged Dictionary of language*, large type, several thousand illustrations—all for \$30.00, and even that in such easy instalments as one pleases to ask, almost, is a great thing for the public! Specimen pages sent free to any applicant, by the publisher, JOHN B. ALDEN, New York.

—A NEW REMEDY FOR DIPHTHERIA.—The subject of diphtheria, its prevention and cure, is one that is of great interest just now here, when the dreaded disease is so prevalent in certain parts of the city and county. Dr. Allen of Peterboro, N. H., thinks that he has found a cure that will reach even very bad cases, and he has had opportunity to test it with excellent results in every case. He stumbled upon it, as it were, entirely by accident. He had a severe case of diphtheria under his care, the patient being a young boy. The doctor was using Platt's Chlorides as a disinfectant, and the boy took a fancy to the odor and asked to have some near his nose. The doctor would hardly have acceded to the request, but it seems that the boy's grandmother saturated a handkerchief with the disinfectant and put it on the child's face. At this time the membrane peculiar to diphtheria had formed nearly up to the teeth, and Dr. Allen considered the case a hopeless one. That night, after the application of the Chlorides, holes appeared in the membrane, and in the morning the membrane had disappeared. The boy lived. Dr. Allen says that he has had several cases since then that were very bad and he has not lost one. He had used this remedy in these cases.

The directions which are given are: Dilute the Chlorides with ten parts water. If used to prevent the disease, wet a cloth in the liquid and place it over the mouth and nose for about ten minutes at a time several times in the day. If used to cure the disease keep the wet cloth over the face nearly all the time until the membrane is gone. As our advertising pages show, Mr. Platt is always ready to send a sample to any physician who desires to test his preparation.

—TWENTY-MINUTE DINNERS.—Worst of all is the “twenty minutes for dinner” of the high schools. I don’t know of any one rule in our schools that is likely to do as much bodily harm as this does, by deranging the digestive system sooner or later. Very many children hurry to school in the morning without any, or at best very little, breakfast, so that by dinner time they often feel exhausted from lack of proper nourishment. Instead of having a sufficient length of time now for eating properly prepared food, and plenty of time to let the brain rest, while the food is being partially digested, a cold lunch is eaten in twenty minutes and then the studies are taken up again for another two hours or more. Very few men do this, and how is it possible for our growing children to keep well under such a mistaken rule?—*W. Jno. Harris, M.D., St. Louis:*

—Dr. D. A. Hiller, a well-known homœopathic physician, who has been practising on the Pacific coast since 1856, now in San Francisco, has instituted a free dispensary in the basement of 220 Montgomery Avenue, called the San Francisco Homœopathic Polyclinic. The clinic is open every day from ten o’clock to twelve o’clock in the morning and from two to four in the afternoon. Dr. Hiller has an able assistant in Dr. R. Hindrich. “The homœopathic physicians have a clinic at the Hahnemann Hospital,” said Dr. Hiller to an *Examiner* reporter, “but it is in an out-of-the-way place and not easily accessible. To me it seems that the Latin quarters of this city have been very much neglected, and I thought there was no locality in which I would be able to do so much good as right here. A great many poor people who will not enter a physician’s office either because they cannot afford to pay a first-class physician or because they will not go to an inferior one, will come here and get the best treatment possible.”

—HEALTH COMMANDMENTS.—1. Thou shalt have no other food than at meal time.

2. Thou shalt not make unto thee any pies or put into pastry the likeness of anything that is in the heavens above or in the waters under the earth. Thou shalt not fall to eating it or trying to digest it. For the dyspepsia will be visited upon the children to the third and fourth generation of them that eat pie, and long life and vigor upon those that live prudently and keep the laws of health.

3. Remember thy bread to bake it well; for he will not be kept sound that eateth his bread as dough.

4. Thou shalt not indulge sorrow or borrow anxiety in vain.

5. Six days shalt thou wash and keep thyself clean and the seventh thou shalt take a great bath, thou and thy son and thy maidservant and the stranger that is within thy gates. For in six days man sweats and gathers filth and bacteria enough for disease; whereupon the Lord has blessed the bathtub and hallowed it.

6. Remember thy sitting-room and bed-chamber to keep them ventilated, that thy days may be long in the land.

7. Thou shalt not eat hot biscuits.

8. Thou shalt not eat thy meat fried.

9. Thou shalt not swallow thy food unchewed, or highly spiced, or just before hard work, or just after it.

10. Thou shalt not keep late hours in thy neighbor’s house, nor with thy neighbor’s wife, nor his manservant, nor his maidservant, nor his cards, nor his glass, nor with anything that is thy neighbor’s.—*New England Farmer—College Argus.*

**OH-DON'T-LOGY.**

**DON'T** give lemonade to the parturient, for fear of blood clots.

**DON'T** study late at night nor early in the morning to avoid eye strain.

**DON'T** work or study in a dazzling light, as with the sun shining over the table or desk.

**DON'T** read or write except with the light falling from the left shoulder or back.

**DON'T** say "burstcd." In the bright lexington of ophthalmology there aint no such word.

**DON'T** use nasal douche for relief of catarrh ; it is a prolific cause of disease of the middle ear.

**DON'T** fail to examine the teeth in stubborn cases of eye or ear disease. Dental caries may lie at the basis.

**DON'T** elect any man who is simply a caucus candidate, or who has not been and is now a true homœopath.

**DON'T** forget that you can rent a "claw-hammer" coat for the Atlantic City banquet for \$3,—and so be en riggle.

**DON'T** neglect to instruct Reception Committees that *Materia Medica* is too important to be interfered with by advertising a free ride or other attraction.

**DON'T** let the Science-and-Progress talk blind you to the fact that the Institute was organized for "the improvement of HOMŒOPATHIC therapeutics."

**DON'T** be indecent in your haste to oust a senior member, or displace a chairman. Wait a few years, until you understand your duties as an Institute member.

**DON'T** be discouraged about the Institute. She is doing nobly. A few more sessions like the Waukesha meet, and our erring cousins with the triple initial will sue to come back.

**DON'T** be surprised if you find frequent stealings in the old school literature taken from homœopathic sources. They must discover and adopt something, elsewise their usefulness would be gone.

**DON'T** forget that Ohio, in medicine as in politics, always in the lead, and the mother of presidents, has a favorite son who would fill the Institute presidency with dignity, intelligence, and HOMŒOPATHY. He filled it at Waukesha, to the satisfaction of all.

**DON'T** send the 1891 session of the Institute to a high-priced watering-place. Take it for once in the history of the present generation to some city with a dozen or two hotels, European and otherwise, daily papers, places of amusement, churches, and so forth.

**DON'T** let any Accident Insurance Company appoint you its local surgeon on condition that you take a policy of insurance. It's a swindle. If you want insurance buy it outright ; and if a reputable company wants you as its surgeon it will approach you in a proper business-like way.

# REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

BY EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Phila., Pa.

*(Continued from page 228.)*

- IRIS VERS.—Pain in left side of chest, as if the ribs were pressing against the lungs.
- JACEA.—Stitches in chest, on ribs, sternum and intercostal muscles.
- KALI BICH.—Pains from back to sternum ; or, from mid-sternum darting to between the shoulders.
- KALI CARB.—Spasms of the chest. Pain through lower third of right chest to back. Pain as if lower right lobe was adhering to ribs. Pneumonia, with stitches through right chest, hepatic inflammation ; right lung hepatized ; worse when lying on right side. Pleurisy, stitches in left chest, with violent palpitation ; dry cough, worse 3 A.M.
- KALI JOD.—Stitches through sternum to back, or deep in chest, while walking.
- KALMIA LAT.—Pain in the chest as if from a sprain. Shooting through chest above heart, into shoulder blades ; with pain in left arm.
- KOBALTUM.—Deep stitches in lower part of chest, mostly left side, from deep inspiration.
- KREOSOTUM.—Stitches : in left chest, just over the heart ; across the chest during the morning till noon ; first in left, then in right chest ; in the right chest, interrupting breathing, also under the scapulæ. Pain in chest, better from pressure.
- LACHESIS.—Oppressive pain in the chest, as if full of wind, better from eructations. Pain in the chest as from soreness. Stitches in the left chest, with dyspnœa.
- LACHNANTES TINC.—Stitches like knives in quick succession ; in right side below mamma while at rest and when moving, in afternoon. Severe pain in chest with the cough, delirium, circumscribed red cheeks, fever worse 1 to 2 A.M. Typhoid pneumonia, stitches in left side of chest.
- LAUROCERASUS.—Spasm of chest ; impending paralysis of lungs.
- LEDUM PAL.—Burning soreness in the chest ; soreness under the sternum. Stitches in the chest.
- LILIUM TIG.—Constricted sensation in left side of chest, extending to right, with sharp pains running up to throat, clavicle, left axilla and scapula ; better from changing position.
- LOBELIA INF.—Pain in the chest with breathing, while sitting after dinner ; disappears when moving about. Pain in lower chest, mostly left side.
- LYCOPodium.—Stitches in the left lung, also during inspiration.
- MAGNESIA CARB.—Sensation of soreness in the chest or region of the heart.
- MANGANUM ACET.—Stitches in chest and sternum, running up and down. Bruised pain in upper chest, better by raising head.
- MEPHITIS.—Pain in chest (last left short rib) when touching it ; more when coughing and sneezing.

- MERCURIUS.**—Acts on lower part of right lung ; stitches through to back. Stitches in the chest, through, from right scapula ; pneumonia, with bilious symptoms.
- MERCURIUS COR.**—Stitches in the chest, through the thorax (right, lower side).
- MERCURIUS JOD. FLAV.**—Stitches through the right side of the chest.
- MERCURIUS JOD. RUB.**—Catching pain under right breast, oppressing the breathing. Awoke from a transient feeling of great soreness in whole breast.
- MEZEREUM.**—Stitches in right side of chest, worse drawing a long breath. Cramp-like contraction over both chest and back.
- MILLEFOLIUM.**—Oppression of chest, frequent blood-spitting ; piercing pains, stinging, bruised feeling ; worse under left shoulder-blade. Phthisis pulmonalis.
- MURIATIC ACID.**—Stitches in chest, and at heart, when taking a long breath and on violent motion ; burning stitches. Tension and pain on the sternum. Bursting pain in chest ; pain as if beaten.
- NATRUM CARB.**—Stitches in the chest. Burning, soreness in right chest ; loose cough, but no rupture ; coldness between scapulæ.
- NATRUM MUR.**—Sensation and pain in the chest, as from tension. Stitches in the chest and sides, short-breathed, especially during a long inspiration. Pain like a cutting cramp through left chest to scapula.
- NATRUM SULF.**—Stitching pain running up from abdomen to left side of chest. Piercing pain in left chest.
- NITRIC ACID.**—Cramp-like pains in chest, right side chest sore when coughing or breathing. Soreness at lower end of sternum.
- NITRUM.**—Stitches on drawing a long breath, worse lying, coughing ; dyspnœa, great anxiety (Pneumonia).
- NUX. MOS.**—Stitches in chest, tightness, spitting of blood.
- OLEANDER.**—Dull stitches in left chest, continuing during inhalation and exhalation.
- OXALIC ACID.**—Sudden lancinating in left lung, depriving him of breath. Rheumatic pains in the left lung ; better lying down. When breathing, stitches in the chest and above the hip. Dull, heavy, sore pain in the chest. Pain in middle of chest through to back.
- PARIS QUAD.**—Stitches in the chest.
- PHOSPHORUS.**—Stitches in left chest, better lying on right side. Burning, piercing soreness and tension in chest. Congestion to chest ; anxiety ; worse from any emotion ; cramp between the scapulæ. Pneumonia, dryness of air passages ; excoriated feeling in upper chest ; great weight on chest or tightness ; chest sore, bruised ; well-developed co-existing bronchitis ; hepatization, especially of the lower half of right lung.
- PHYTOLACCA.**—Pains and suffocating feeling in throat and lungs. Aching pains in chest and side, with cough. Pain through mid-sternum, with cough.
- PLATINA.**—Cramp-pain in left chest, gradually increasing and decreasing in intensity.
- PLUMBUM.**—Stitches in chest and sides.
- PSORINUM.**—Pains in chest, great anxiety, by spells. Sharp pain, right side, opposite tenth rib. Pains in right side, worse from motion, laughing ; with sweat. Feeling, especially under sternum, as of ulceration of chest.

THE  
AMERICAN HOMŒOPATHIST.

VOL. XVI. NEW YORK, AUGUST 1, 1890.

No. 8.

FRANK KRAFT, M.D., EDITOR.

WHO that has attended many of the sessions of the Institute, and notably that of Waukesha, has failed to observe the frequent interruption of Sectional Bureaus by the introduction of practically foreign topics, by this ill-mannered proceeding not only taking up the time, and diverting the attention from the real question in hand, but oft-times giving the discussion a personal, and, therefore, undesirable bias, thereby deterring the more timid ones from participation in the bureau work (for which likely enough they came especially prepared) because not "clothed on" with war-paint and scalping-knife. How much of evil is thus done directly, and how many bright and original ideas die unborn because of this disorderly, albeit parliamentary, fashion of calling each other liars, who can estimate? It behooves the homœopathic press to direct attention to this ever-growing evil, devise means for its correction or entire extirpation, and see to it rigorously that each member be protected in his bureau rights under the Chairman's gavel, as he is in his Institute rights under the ægis of the President.

\* \* \*

SINGULARLY enough there is one feature which ought to be, but is not, given more than a cursory consideration in homœopathic societies, and one which seems never to have dawned upon the disputants, to wit, that a paper in the Gynæcological Section does not necessarily, because it advocates the use of specula, probes, tents, pessaries, and so forth, decry, or depreciate, or inveigh against true homœopathic practice. With equal justice might the surgeon's knife, his saws, his bone-forceps, or the other implements of that silver-inlaid five-hundred dollar set of instruments be attacked as non-homœopathic. Fanaticism runs rife when a Sectional Bureau of the Institute cannot assemble, and discuss its own specialty practice in peace and dignified content, without the unnecessary, unwelcome, nay ungentlemanly intrusion, from the representatives of another specialty, of theories and methods diametrically at variance with those of the bureau *in situ*. The profession of medicine is rapidly and irrevocably dividing itself into Specialisms, not simply the operative divisions, but the therapeutic parts as well. When a prominent therapeutic specialist travels from New York City to an inland town and back, tarrying only from train to train, and receives an honorarium of four hundred dollars, it may well be admitted that Therapeutics is become a specialty, and one, too, considering the stock in trade, which pays.

THE Bureau in session has rights which other bureaus must respect; among which is freedom from molestation. When Surgery is on the floor it is manifestly improper for *Materia Medica* to interpolate flippant remarks concerning mongrelism, eclecticism, doubtful expedients, antiseptics, calendula, hypericum, the high or the low operation for stone, or other strictly surgical measures, with which *Materia Medica per se* has nothing whatever to do. So, on the other hand, when *Materia Medica* sits in regal state, it is ill-advised, it is wrong, it is unhomœopathic, it is shameful for the knife-ologist or the gynæcologist, or the eye-ologist, or any of the other not specially *Materia Medica* people, to leap into the arena with "I don't believe it!" "Silicea has no influence on the suppurative process." "Hepar sulph. is so hedged about by tradition that it is unsafe to say where safety begins in its use." "Potencies don't act above the third." "Moonshine!" "I am surprised to find any one who believes homœopathy all sufficient." "Cut down the *Materia Medica*; it is filled with rubbish." If the bone-man or the speculum man or the eye-man treat you as big-I-little-u fellows, rise up, you *Materia Medica* man, in your righteous wrath, in your superior wisdom, and correct his fallacies—especially if he trench never so lightly upon your eminent domain; but keep your hands and tongue off instruments and operations with which the other fellows are hourly familiar, and you have probably seen or heard of only at odd intervals, snatched from your blinding search of the repertories. An instrument-maker's shop window, or the advertising pages of your medical journal, will not give you such familiarity in the use of surgical or gynæcological instruments as to warrant you in decrying them.

\*  
\*  
\*

PER CONTRA, if the *Materia Medica* specialist is delighting his devotees with recitals of marvelous cures effected with the single remedy, high, and from a bottle which has been in use for forty-three years, being refilled with the menstruum three hundred and seventeen times, but with no further medicine, why let him; how does it lie in your mouth, Brer Operative Specialist, to fling your unbelief into this peaceful scene? You who have spent your professional lives sharpening knives, setting saws, devising specula, inventing pessaries, and guessing up big words for old diseases; you who have spun in coarse fabric and delved in material mines, how can you have the hardihood to impugn the work of those who have transcended your sphere, who have supped of higher things, have dreamed dreams of rare magnificence, and are become as satisfied in their realm of work, although at times intangible and oft unintelligible, as you are delighted with every new toy sent you from the instrument maker. For pure reason, pure philanthropy; for the highest aim of a physician is not the destruction or maiming a part, but in the saving. And if the *Materia Medica* "crank" accomplishes the latter by his methods, and you have never had time enough away from your brilliant operations and their industrious recitals, to properly engage in the study of the homœopathic *Materia Medica*,—nay, have turned a skeptical ear to all appeals to try the new dispensation of potencies, how does it add to your homœopathic stature to assail the work of Hahnemann in his later days, of Bunning-housen, of Dunham, Hering, and Lippe of the translated ones, and of the many earnest workers yet abiding with us?

PITY it were indeed if an honorable, harmonious body, such as gather together annually in the corridors of the Institute's watering-places, cannot doff its bonnet and be orderly while listening to some Bureau work in which the listener is but remotely interested, but that he needs must pre-empt the floor for the injection of his agnosticism, or the recital of some opposite characteristic than that under discussion. Every bureau is officered and membered by intelligent men and women, who are as deeply in earnest and as thoroughly well-read in their specialty, and as jealous of the good name and fame of the Institute, as the officers and members of any other bureau. What right have you to assume, therefore, that the times are out of joint, and that you were born to set them right? Your zeal for the Institute and for Homœopathy is praiseworthy, but ill-directed. Kites rise against the wind. Opposition only strengthens faction. *You* are the disturbing element. *You* are the one man belligerent. And the one-man rule, whether as a stirrer-up of strife, or as influencing nominations for bureau chairmen, or ousting old and respected members, must go; just as the old-time ring was "busted" in the Institute, and its several parts thrown out. A bureau peacefully assembled, and peacefully conducting its business, is entitled to its peace. A Christian straying into a synagogue, however meritorious his purpose in speaking, would soon be laid by the heels in the outer courts, his holiday garb in tatters and bewrayed. This is no plea for gag-law. There is a difference, a wide difference, between true Christian worship and the Salvation Army shouters. There is an equally large hiatus between honest criticism of a medical bureau by members who are specially versed in the topics of that bureau, and the indiscriminate and intemperate abuse and unbeliefs which are so frequently heard in our latter day sessions. The American Institute of Homœopathy is not a Society on the Stanislaus.

\* \*

THERE are heights and depths in *Materia Medica* which you have not fathomed, nay have never even deigned to approach, Brethren of the Knife and Speculum. So also there are instruments, methods, and operations, in Surgery and Gynæcology, which you have not studied and do not understand, Brother *Materia Medicalist*. Keep your hands off each other's preserves. The Institute gathers in annual session, not alone to sample the waters, pay big hotel bills, and eat gout-inducing banquets; but to compare notes on current progress, improve each other intellectually as well as socially, and its time should not be taken up in the airing of personal beliefs or disbeliefs. Before the bar of the Institute all members are homœopathic and entitled to credence. A willful perversion of the truth will very quickly be brought up standing. A difference of medical opinion needs to be disproved, not simply denied. The gavel of the Sectional Chairman should be promptly sounded when outsiders seek to mar the serenity and harmony of his session. It should be a rutable offense for Surgery to be projected into *Materia Medica* or *Materia Medica* into Surgery.

\* \*

I N conversation with several of the leading Institutites, while at Waukesha, touching the selection of watering-places for our annual meets, and asking for a reason for this custom, the answer was invariably, that to go to a large city would scatter the Institute over a dozen



hotels and boarding-houses; would divide them into half-a-hundred select parties, each "doing" the town, or suburbs, or the theaters; so that the sessions would be but poorly attended. Somewhere in Rogers's Table-Talk is the anecdote of a gentleman visiting an evening party; while walking across the room he was cautioned that he was about to lose his handkerchief. "Ah, I thank you," said he, "you know the company better than I." If this is the complexion of the Institute, our informants know the Institute better than we. But we don't believe it. Does the Institute assume that its visiting membership has no deeper concern in the annual session than the junketing and the—er—a banquet? And that there is no more secure way of overcoming this penchant than by sequestering these members and all others in some out-of-the-way, solitary hotel town, away from daily press facilities, away from hospitals, dispensaries, public medical institutions, great sanitary works, or other instructive exhibitions? Is there no way to have a body of people moral, honest, industrious, temperate; eating coarse food, at proper intervals, going to bed and rising at certain pre-arranged hours, attending divine worship, except they be restrained of their liberties and confined in a penitentiary? Assuming this to be true, however,—that it is needful to incarcerate the Institute in some out-of-the-way springs-town in order to have a sufficient number present at each session to listen to our wise platitudes,—has this plan availed us to any marked extent, when the local committee invades the sessions of the Institute, craves audience, and then and there solicits the members to get ready for a carriage ride, a Railway excursion, or an examination of some freak peculiar to the locality in which the session is cast? Is not this a rather bold proceeding, and a designed perversion of the penitentiary plan?

\*  
\* \*

**N**O. You can't get the Institute so far away from civilization, whether on the mountain top, in the bowels of the earth, or on the shores of the farthest sea, but that the tired doctor, or the lazy, indifferent, shiftless, pleasure-seeking member and his friend will find ways and means of avoiding attendance on the Institute's sessions. Why not, then, look the question squarely in the face? Why not assume that the advantages resultant from the Institute's having its daily proceedings chronicled in half a dozen metropolitan dailies, in half a dozen columns, and telegraphed the country over by the Associated Press, would far outweigh the possible meager attendance at the sessions? Why not assume that more of our twelve hundred members would come to our Institute, if we met in some large city where it would not be obligatory to pay three dollars a day for a table d'hôte not worth seventy-five cents; where they could make purchases of needed articles; could see the beauties of art if not of nature; could visit friends and other doctors, and rest and refresh themselves with a little recreation? Why not assume that where now it is difficult to corral and hold with their noses to the grindstone 150 members, if the session was cast in New York City, Washington, New Orleans, Baltimore, Chicago, San Francisco, Denver, St. Louis, Cleveland, Cincinnati, or any other large center of civilization, 500 members would register and wear the badge, and each bureau would have its quota of papers and disputants.

LET it be remembered, Governors of the Institute's destiny, that it is not the actual attendance at the sessions that marks our worth ; nor is it predicated nor dependent upon the number who hear the papers read or take part in the disputations ; it is upon the merit of the work done, and upon that alone. Why not, also, remember that the meeting of 500 homœopathic physicians, in a large city, will strengthen the hands of the resident homœopathic physicians, bring the school prominently before the people, and assure the Oliver Wendel Holmeses, and the Bartholows and Bruntons and Potters, and the lesser great lights of the other school, that if Homœopathy is still doing the "dying out" act, it is proving a remarkably healthy process, and the corpse is fair to outlive the mourners. Don't hide your light under a bushel. Swing your incandescent before the eyes of the people, peacefully if you may, offensively if you must ; but swing it just the same. The American Institute of Homœopathy is incorporated for the advancement of Homœopathy ; and not for the convenience of a handful of its members. The casting of the sessions of the Institute in out-of-the-way places, where it is beyond the reach of newspapers, where there is no incentive to visit except the drinking of water, and the hearing of the same learned gentlemen tell what they have told a half dozen times before, does not enhance the value of the Institute, and does not tempt the visiting member to repeat the expense very soon.

\* \*

HENCE, we pray for the abrogation of the penitentiary plan, and ask for the substitution of freedom of movement ; for the right to pay \$1 a day instead of \$5, if our purse be of light weight ; for the advantages of visiting, between times, if we so list, the hospitals, jails, public institutions, theaters, expositions, suburbs, parks, galleries, and other points of interest, as well as the instrument-makers and the pharmacists ; for the privilege of increasing our knowledge of men and things ; so that when we return to our duties we do so with the reflection and satisfaction that we have had a holiday and been benefited for our expenditure of \$75, or more, beyond the mere intellectual treat of having seen Dr. Borborygmus riding his perennial hobby, and of hearing Prof. Didactic lecturing his equals. Otherwise the play is not worth the candle, except to the candidates for the presidency. Think of this, Institute folks. It is feasible. It is possible to make the American Institute of Homœopathy as familiar to the great mass of the people as the G.A.R., the Knights Templar, or any other large body of members ; and these, you know, meet invariably in the large centers of civilization ; they are welcomed by the citizens ; they are respected ; their badges a passport to every public institution ; their deliberations are faithfully chronicled in the daily press, and every daily paper in the land, next morning furnishes its breakfast item concerning their doings ; so that when they return home, their friends who have known of their absence, do not need to ask the purposes of the Society. In the proportion that we increase the popularity of the Institute, in that same ratio we familiarize the people with our school of practice, and in the same or even greater degree we enhance our own influence. Take the Institute out of the rut. Bring it up to date. Cultivate the people. The Lord is on the side of the people.

## THE OPEN COURT.

---

—COLLEGE RESIGNATIONS.—Profs. Schneider, Baxter, Miller, Bauder, Jones, and True, of the Cleveland Hospital College, have resigned in a body. The Cleveland *Plain Dealer* of June 26 contains three closely packed columns of grievances on the part of these resigning Professors, who claim that the Trustees usurped the functions heretofore enjoyed by the Faculty. The Dean, Prof. Sanders, responds on the following day in an afternoon paper, deploring the unasked and unlooked-for denouement, but asserting that the Faculty had been absent so much from its duties, that the students, their preceptors, and the profession of the State were dissatisfied; that the dissatisfaction of the Faculty arose from the fact that the Trustees had added to the Faculty other teachers and studies without consulting the old Faculty.

The replication contains other charges which it will not be necessary, we hope, to detail or elaborate. "Strikes" are always of doubtful utility, whether justly or unjustly precipitated. If these members cannot be caused to reconsider their resignations, we sincerely hope that their love for the old college will continue, and that they will not suffer a personal trouble to cloud their regard for homœopathy. The College Faculty will be remodeled, added to and strengthened, and brought up to date. Such of the Professors as cannot be convinced of their haste in resigning, will doubtlessly be replaced by others. We trust, however, that the trouble may be tided over.

—CROFT—KRAFT.—This is not a wedding notice. It is a protest. One of the Cleveland papers gave as one of the new censors of the Ohio State Homœopathic Med. Soc. the name of Frank Kraft. This was a mistake. It should have been W. B. Croft. Not much similarity in looks, is there? but the reporter is excusable in mistaking Dr. Croft for Dr. Kraft, in the sound, especially, when, according to the Cleveland papers, Dr. Kraft seems to have carried the State Society in his pantaloons pocket. No cards.

—Dr. C. A. West (*Chicago Medical Times*) speaks very highly of our old friend hyoscyamus as a hypnotic for children, hysterical women, and nervous old ladies. He gives small doses; one-third of a drop of the fluid extract every twenty minutes to a three months' old baby.

—*The Conglomerate* is a new candidate for journalistic favor, published by the Middletown (N.Y.) Asylum. Now, whether by the sane or the insane it sayeth not, but its make-up portends a smart and a sharp quill somewhere among the machinery. The "Song of the Talker" we have seen copied in two daily papers. You're welcome on our table!

## THE AMERICAN INSTITUTE OF HOMŒOPATHY.

---

THE Forty-third Annual Session of the American Institute of Homœopathy has convened and adjourned at Waukesha. In many respects it was the equal of the Minnetonka session, but in others it fell far short. In the matter of *Materia Medica* on the line laid down by the Masters it was superior ; in social amenities it was lacking. It would have been better appreciated by our members and visitors, had there been more attention shown the Institute by the daily press. Milwaukee, only twenty-five miles away, never uttered a sound. Chicago had one representative press man there—*The Evening Post*, which selected for its columns chatty bits of gossip about prominent members, and publishing Chicago doctors' pictures. It made some reasonable effort to present the more salient points of the session ; but its main hold seemed to be to write it up as if the Institute were in session to display its store-clothes,—for the Society Column of a Sunday daily. Waukesha provided two reporters, who looked wise and blinked knowingly, and made many notes ; but the output was poor. The general sessions were held in the bowels of the earth, in what is set apart as the Children's play-room. At evening this was a roasting place. The Bureaus seized upon several of the parlors and domiciled themselves for the transaction of their business. The hotel service was primitive in the extreme ; the table nothing to boast of ; and the banquet—a return to the primeval affair which we received at Saratoga and Niagara Falls. The weather was delightful until the morning of the last day, when rain fell in torrents. The springs were mainly closed, and the drinking of the waters was chiefly done from half a dozen large water coolers in the hotel lobby. The situation of the hotel is beautiful ; its surroundings are charming ; the nights are always cool. But it is very lonesome up there at evening. And it is decidedly annoying to have to walk a mile or two in a broiling sun to supply some necessary article of the toilet, like a collar-button, a neck-tie, gloves, collars, handkerchiefs, writing-paper and envelopes, cards, a *good* cigar that was not labeled 25 c., or a glass of beer that was not taxed 10 c.

In the absence of President Sawyer, and of the Vice-president, the Executive Committee had selected Dr. J. D. Buck as President, but had gone about it so slyly and with so much circumspection that no one of the medical journals suspected it ; hence Dr. Buck's address will be published in the Transactions in September, and nowhere else. Perhaps each member receiving his Transactions will at once turn to the address and read it, after it has been cold three months. Had the journals been favored with advance copies, or with duplicates after the

reading was concluded, Dr. Buck's address would to-day be on the desks of several thousand homœopathic physicians. "We are sly, day-vel-ish sly, so we be, Joey B." The address was an excellent one, dealing in many new ideas, and worthy of careful reading and studying. Dr. Buck usually says something when he speaks.

Among the Seniors who lined the back of the president's dais was Dr. W. H. Holcombe of New Orleans, a typical Southern gentleman and doctor. His is a striking figure, tall and willowy, with a remarkable resemblance to the late chief of the Confederacy. Dr. J. P. Dake was also there, not one day older; the same sparkle to that bright eye; the same elasticity to his step; and the same logical precision to his remarks. Uncle David Smith has not added to his handsomeness by that brigandish moustache. The resonant vibrations of Talbot's final n's is still as sharp and clear as of yore. Bushrod W. and O. S. Runnels have not aged in any particular. Pemberton Dudley still carries that pre-occupied air; but don't imagine him asleep; he is one of the most thorough Secretaries we have ever touched elbows with. Strong was on the *qui vive*, with his quiver full of sharpened pencils, loading up the Waukesha reporter, who smiled benignantly on him, but who failed to make much use of anything given her. Van Bartlett wasn't there a great deal on the dais, because he was mostly employed as an attachment to some member's buttonhole, singing the praises of his journal, and its unbounded usefulness. Oh, yes, we were there, too; but we'll let Van Bartlett tell that part of it.

The conviction would be forced on any close observer that there was no twelvemonth break between the several sessions; that we might have gone to bed in Saratoga, woke up in Niagara; gone to bed in Minnetonka and arisen in Waukesha. The same persons led the proceedings at all the sessions; practically the same speeches were made.

A new face was that of the Rev. Nickerson, who proved to be a jolly good fellow and made one of the bright and telling speeches of the dreary banquet.

The opening session was given over to the usual routine of President's address, appointment of committees, reading of Treasurer's Report, Necrologist's Report, reading of a Committee report by Dr. Kinne proposing the election of two vice-presidents; also that the Institute begin its sessions on Monday afternoon, and the evening given over to the President's address and Memorial Service.

#### SECOND DAY.

The Board of Censors presented as their first report the names of fifty applicants for membership. The Bureau address of *Materia Medica* was read by Dr. E. M. Hale; and Dr. H. C. Allen presented

the address of the Bureau of Clinical Medicine. The address of Gynæcology was read by Dr. Hedges. The afternoon was given up to Materia Medica where Dr. Hale presided. Kali phôs. and the Cactacæ occupied the afternoon, with a few other papers. The evening session was general at first, in which the Censors took occasion to report twelve new applicants ; after which Clinical Medicine took the boards with H. C. Allen, Chairman. Dr. H. P. Holmes reported the case of a patient dying with a tumor in the stomach. This precipitated a long and many-sided cancer discussion in which a great many of our more prominent practitioners took part. Dr. Laning's paper on "Reflexes" took the bureau into orificial surgery. Dr. Stout's yellow-fever experience detailed from memory was admirably rendered.

### THIRD DAY.

Nineteen new names were presented. A number of reports were read, among others that of the Committee on World's Homœopathic Convention of 1891, which proposed a number of radical changes. Dr. Jas. A. Campbell presented the address of the Bureau of Ophthalmology. Dr. N. Emmons Paine read the Nervous and Mental Disease address. The election of officers resulted as follows :

President, T. Y. Kinne, M.D., Paterson, N. J.; Vice-President, J. H. McClelland, M.D., Pittsburgh, Pa.; General Secretary, Pemberton Dudley, M.D., Philadelphia; Provisional Secretary, T. M. Strong, M.D., Macon, Ga.; Treasurer, E. M. Kellogg, M.D., New York City; Censors, R. B. Rush, M.D., Salem, Ohio; T. F. Smith, M.D., New York City; C. B. Kinyon, M.D., Rock Island, Ill.; Miss M. J. Chapman, M.D., Pittsburgh; Mrs. C. T. Canfield, M.D., Chicago.

In the afternoon the Gynæcological Bureau held its session, with Dr. Hedges in the chair. Dr. Streeter's paper on "Malignant Disease of the Uterus" was promptly metamorphosed into a cancer case, whereat all the old practitioners cracked their cancer stories and cures. Dr. Runnel's "Role of the Sharp Curette" provoked much discussion, at one time quite exciting. Dr. Danforth's "Intra-uterine Medication by Means of the Cloth Tent" was first taken up at the evening session and elaborated. The papers of Dr. Southwick and Dr. Phillips were read and discussed.

The Bureau of Ophthalmology was also in session in one of the parlors, with Dr. Campbell presiding. Here many interesting papers were read and discussed, notably those of Drs. Strickler, Norton, McDermott, Campbell, Dunn, Beebe, and Deady. This bureau had two sessions and was well attended.

The Bureaus of Sanitary Science and Nervous Diseases were in session during this afternoon.

## FOURTH DAY.

Quite a heated discussion arose over the disposal of the Report of the Committee on Medical Legislation, the majority report being adverse to separate examining boards, which was the position taken by the minority report. The Institute determined to hold its annual session in Atlantic City, in June, to meet on only one day, transact its routine business, then adjourn and merge into the International Congress, with Dr. Dudgeon president, Dr. Hughes permanent secretary, and Dr. Dudley as acting secretary. The regular bureau work of the Institute will be omitted, unless it is incorporated in the Congress. The record of the Congress to be published as the Transactions of the Institute, in uniform binding.

Various Committees reported. Dr. Kinne placed on file an amendment to elect two vice-presidents. A further amendment to increase the number of members on any one bureau to fifteen was carried. Dr. Cowperthwaite failed not of an attentive hearing to his reading of the Insurance report, which, by the bye, made a respectable showing as to regard for homœopathic examiners.

The Bureau of Pædology convened shortly after the Institute session, and was presided over by Dr. Bartlett. Many valuable papers were read, and will appear in *The Hahnemannian Monthly*. We have no record of this bureau's work.

In obstetrics, the chairman, Dr. Comstock, was complimented by having his bureau address discussed. Dr. Price excited some question and surprise by the number of "Occipito-posterior" cases treated. Dr. J. C. Sanders said that it was a want of flexion on the part of nature that brought about this accident; and that if the parturient was placed in proper position in time, he believed the trouble could be obviated. Dr. Webster recited a case of constricted vulvar orifice. The "Case of Placenta Prævia" of Dr. E. L. Smith was an interesting one, and elicited much debate.

In the Bureau of Surgery Dr. Geo. F. Shears presided, and his own contribution, "A Case of Hydatid of the Thigh," may be said, with all due deference to other papers, to have been one among those of greatest interest. His interesting recital of the genesis of the dog tapeworm in the woman's intestines and its development in the thigh, accompanied by photographs and pencil drawings, as well as morbid specimens, was listened to with marked attention. Dr. C. E. Walton's "supra-pubic failure" was in that gentleman's usual happy vein, and merited, as it received, fair treatment and some discussion. Dr. Obez's "Fractures of the Condyle of the Humerus," and his extended position for all fractures of the upper limb, was severely handed by the bureau.

FIFTH DAY.

The Board of Censors presented its final report. The Intercollegiate Committee reported a rigorous preliminary examination for all matriculates. The Institute picked up the ends of the various dragging committee businesses and completed them. After which the Institute adjourned.

---

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

PRESIDENT'S ADDRESS.

By J. A. GANN, M.D.

THE royal greeting and generous hospitality which the Homœopathic Medical Society of Ohio received at the hands of the Queen City one year ago is still fresh in our memories; and again do we meet in the Forest City of the North—this gem of land and sea—to extend and receive fraternal greetings.

With honest pride do I acknowledge the honor bestowed upon me of presiding over the deliberations of this society, and I ask your hearty coöperation in still further promoting both individual and society interests.

Again do we mass our energies and experience. During the year that has passed not one of us has had a life so prosaic that into it no lines of poetry have fallen; none have had a life so poetic that at times life's minor tones have not been uppermost.

While the constitution prescribes the duties of the president,—very largely those devolving upon the presiding officer of any similar association,—yet the unwritten law expects its president to give somewhat of a summary of the year's history, and from this try to obtain an outlook for the future.

And what has been done?

Prominently we might recall to your minds the increasing evidences of appreciation as exemplified by the munificent donations of those who have been the appreciative patrons of homœopathy.

The tardiness, at times, of state and nation to recognize the demands of a growing patronage has caused private contributors in many cases to forestall governments by liberally giving of their wealth for the advancement of homœopathy.

Since the beginning of the past year witness a few of the liberal donations that have been made.

The Brooklyn Homœopathic Hospital is assured a new wing, costing \$55,000. The Hahnemann Hospital at Rochester has been formally opened. Grace Hospital of Detroit has become a reality through the



liberality of Senator McMillan and Messrs. A. Chaffee and J. S. Newberry. The new homœopathic hospital at Kansas City will prove a powerful educator of homœopathic sentiment in that section of the West. New Haven in the East, sends us word that the money secured by private subscription is nearly raised ; which being done the State has promised to supplement the effort to the completion of the work. The City of the Golden Gate sends cheering word of money secured for hospital purposes there ; and one of our recent medical journals says that Madam Vinet has donated \$100,000 to the Paris homœopathic hospital.

These forces added to the flourishing hospitals already established, illustrating the distinctive teachings of our system, are doing much to obtain the state and national recognition which has been partially, but which must eventually much more be, accorded us.

The contemptuous remarks of a certain class of physicians which a quarter of a century ago were possibly nearly true,—that as a school of medicine we were without a hospital, almost no literature, and the mere shadow of a clinic,—can no longer be made ; for the character of each as exemplified by their practical workings to-day is both the surprise and glory of our school, and a spur to all systems of medicine to equal us in our rate of progress and the requirements made of those who enter the profession.

These increased advantages are stimulating original investigations in every department of medical work ; and our colleges are going deeper and deeper into the mysteries of etiology and pathology ; and our *materia medica* is being studied with more of the deeper functional and pathological changes in view. Nor is this disloyalty to the "totality of the symptoms," but a pushing of the study of the pathogenetic effects of drugs to their legitimate conclusion. As Drs. Hering and Wells say, "This totality is the only science of pathology known to scientific medicine in the choice of its curatives ; and all knowledge possessed of this unseen, internal something which is called pathology is in this totality."

The proper study and full appreciation of *materia medica* are only possible with a proper study of anatomy and physiology ; since only by the appreciation of the relation of part to part can the complex nervous phenomena induced by nearly every remedy be appreciated.

Though this be true, it should be remembered that the revelations of pathology will not account for many of the phenomena of the nervous system ; and the marvelous manifestations of nerve phenomena will ever make a study of *materia medica* based upon a symptomatology of *similars* an absolute essential to the successful treatment of disease.

Is there not, however, a tendency among certain of our ranks to make a *materia medica* based upon pathology the *materia medica* of our school ? forgetting that while homœopathy is in perfect harmony with pathology its sphere of operation is not dependent upon the revelations of pathology alone.

Is there not too much of a lack of appreciation of the finer shades of the pathogenetic effects of our remedies—the primary and secondary, the direct and the reflex,—possibly because harder to learn ? And I know of no way better calculated to warm a lukewarm heart and infuse

new love for the *materia medica pura* than by ourselves occasionally searching for these reputed effects under personally instituted provings.

The proving of a drug is the initiative to homœopathy ; and yet so willing are we to submit this work to others, that we are resting largely upon the work of the fathers and a few of our day. That this is true I quote from a note received by me about a year ago from Prof. H. C. Allen, that of the several who promised to institute provings during the year, my own report was the second he had received up to the meeting of the State society.

The proving is the "shibboleth" of our school ; and if the statements made by Dunham, Hering, Farrington, Allen, and such men are but "moonshine," surely they were not wise in suggesting the very methods by which their foolishness could be made manifest and they be silenced before the bar of scientific investigation.

The term "proving" suggests "potency," a question of deepest interest to every true homœopath.

The potentialities of the imponderable forces, heat, light, and electricity, are at present the wonder and admiration of the world ; and none have greater anticipations of future developments in the sphere of the imponderables than those best acquainted with their phenomena.

Is it not possible, then, that what in the dynamis of medicine to many of us may seem beyond the range of reasonable acceptance, because incapable of an *a priori* material demonstration, is but another expression of that invisible dynamis pervading all nature and revealed in its finer forms more and more as it is further and further removed from the crude condition in which it apparently normally exists ?

This is certainly true with the imponderable forces : for the finer the division of molecular motion within a given space the greater the exhibition of power.

By analogy, then, may not drugs by our system of potentization have their dynamic principle more and more evolved by this further and further remove from their normal, crude form and thus be endowed with power to more successfully overcome the dynamis of disease ?

To what extent this potentization may be carried in order to obtain the most desirable results must be determined—not by preconceived theories, because we cannot compute *a priori* vital force,—but by actual experiment ; and here is a field for the exercise of both the keenest observation and the broadest charity.

#### THE ORGANON IN OUR COLLEGES.

We notice with pleasure the introduction of the study of the Organon into both the homœopathic colleges of our State since last we met ; for as essential as is the study of gravitation to the appreciation of astronomy, so is the study of the Organon to the appreciation of homœopathy.

*In* it is the key of homœopathy ; *without* it homœopathy is but an aggregation of more or less disconnected facts. *With* it it assumes and maintains the right of enrollment in the sisterhood of sciences. What Blackstone is to law, what the Bible is to theology, such is the Organon to homœopathy. What though some of the deductions which Hahnemann made from the law of similars be not accepted by some without modification ? It is not strange. For as Dr. Carroll Dunham says, "A man's observations of natural phenomena, if he be a keen

observer, as Hahnemann unquestionably was, are generally correct. But the theoretical explanations of them are pretty certain to be tinctured with the prevailing philosophy of the times in which he lived, and not likely to be accepted without modification by men of a later period."

Has not this been true in every department of science?

We do not wonder that a great soul like Hahnemann, who got so near to nature's heart as to learn this great secret and to successfully interpret it to the world, awed into reverence by the wondrous unfoldings of a law which proved to be divinely true, should in some of his deductions from this law attribute to them the same sacredness he did to the law itself.

Associate now strong convictions with great force of character, and a spirit of teaching more or less dogmatic is sure to be present. This is true whether it be a Saul of Tarsus, a Cromwell, or a Hahnemann.

#### THE TENDENCY OF ALLOPATHY HOMŒOPATHIC-WARD.

While rejoicing in the evidences of prosperity in our own school, let us not fail to congratulate our brethren of the old school over the marked progress they have been making.

Not only is a more catholic spirit characterizing the professional relations existing between what we now might term the two great schools of medicine, but the evidences of progress as exemplified in their use of medicine is also worthy of note.

As illustrations of this progress and that the tendency is homœopathic-ward, I quote the following: "Minute subdivisions of medicinal agents is necessary to secure complete adaptation to their multifarious applications. It has long been observed that those pharmaceutical preparations which by reason of their form and character require thorough trituration are more efficient than those exhibited in more solid form. . . .

"Since the physiological study of medicine has been introduced the real nature of the difference in the effects of small and large doses has been clearly demonstrated; and it is to be noticed that small doses frequently repeated may accomplish better results than large doses at longer intervals."

The above extracts from the circular of a leading drug house of Philadelphia, together with their use of the terms "sixth and seventh decimal dilution," certainly have a smattering of homœopathic phraseology.

That the quotations mentioned are not the experiences of an isolated business enterprise merely, I quote from another circular whose house is represented by mammoth establishments in Philadelphia, New York, and London: "The modern teachings of physiological therapeutics inculcate a change in the manner and matter of dosage, that shall meet the varying indications of disease, and the peculiar susceptibility of different individuals. The large and oftentimes nauseating compounds of our ancestry have lived their day and died, let us hope without regret. It is a well-received fact in medicine that a small dose frequently repeated will very often be crowned with more brilliant success than a single large dose."

Dr. S. Henry Dessau, of New York, a recognized leader in the old school of medicine, after earnestly recommending the administration

of medicine in small doses, but blinded by his preconceived notions in his investigation of the philosophy of their action, says : " If I am asked to explain on what principle these small doses act in certain diseases, I reply on the principle, so far as I know, of actual experience."

Strange, though, that one of these physicians reporting to the *American Medical Journal* should not have realized the tendency of the line of thought he was following when he said : " I would recommend iodide of arsenic in influenza. Only let there be sneezing, watery eyes, and nose, and let such discharges be *excoriating*," the last word being in italics ; and he adds : " I was led to use it through the recommendation of Dr. E. M. Hale of Chicago."

Spirit of the immortal Hahnemann ! Thou who less than a century ago was driven from city to city by the jealousy and bigotry of those whom in the earnestness of thy heart thou didst hope to bless, even now perchance dost thou realize that the seed sown at that early day with tears is bringing forth fruit in allopathic materia medica ; and that the teachings of a homœopathic author in a homœopathic college are now recommended as the key to the successful administration of the remedy.

Truly the Rev. Dr. Wayland's bright definition of a saint promises a most fitting illustration in the character of Hahnemann—" *Saint*, a man with convictions, who has been dead a hundred years ; canonized now ; cannonaded then."

It is not without a little of the exultant " I told you so," that we now read their recommendations of our familiar arsenicum, mercurius, and phosphorus in doses of a rooth to a gooth of a grain.

This suggests an historical episode related in my presence by good old Dr. Blair,—a pioneer homœopathic physician known to many of you. It was war time, and the weather was hot and sultry. Many of the boys in camp about Washington were suffering from army dysentery ; and each morning many a brave man was carried out, sleeping " the sleep that knows no waking."

Ere long distrust of the calomel treatment possessed the boys in blue, and a general protest greeted the ears of the army surgeons concerning the treatment received. At this juncture Dr. Blair appeared upon the scene, and at his suggestion several of the surgeons rubbed up some calomel with proportionately large quantities of sugar. The results were strikingly beneficial ; but when it was discovered that Dr. Blair was a homœopathic physician of Washington instead of Prof. Blair of Chicago, the disgust was as marked as the success had been gratifying. Then the plan so innocently adopted was " cussed homœopathy " ; now it is called by the same school " scientific medication."

This is a day of revision of creeds and terms ; and we approve the revision.

As still farther evidence that our old-school friends are to be congratulated upon the progress they are making, I quote briefly of experiments recently published by Prof. Stokvis of a prominent European medical college. The professor instituted a series of experiments to ascertain the mode of action of cardiac tonics. The results were highly instructive, and though the provings were conducted upon the lower animals the deductions were strictly in harmony with those made under homœopathic directions.

Go on, dear brethren of the older school. You are on the right road,

for as a school of medicine we have been traveling it, now, just one century. Look not down, but up ; and all along the way you may read in characters too plain to be mistaken : *Similia similibus curantur, this way leads to truth !*

We rejoice in these evidences of progression, and this farther and farther remove from the fossiliferous age of medicine. It is an evidence that the uplift that is affecting the councils of nations and the creeds of religion is also active in our own profession.

Away with all governments except those based upon the greatest possible liberty consistent with the general good !

Away with all creeds and codes except those favoring the greatest possible evolution of individuality with no hampering of its possibilities.

" Out of the way, the world is waking,  
Night is gone, and day is breaking."

#### OUR GREATEST BAR TO SUCCESS.

While success is crowning our efforts as a system, I would here mention one obstacle that stands in our way to the highest success as a society.

The greatest bar to our best success is the lack of a feeling of individual responsibility for this success, manifested by a considerable number of our members.

I am loath to consider this positive indifferentism, for I feel assured, from conversations with those who only occasionally attend our meetings, that, were the honor of the society at stake, they would come promptly to the rescue.

In this utilitarian age there must be a union of two great forces if the best interests of the society are to be advanced to the highest degree : one the intellectual, the other the financial. In this practical, pushing age, when so much depends on steam and printer's ink, little can we afford to lose sight of that factor so essential to the securing of the best results of both steam and ink—*money*.

What has led me to give expression to this thought was a letter received from the Treasurer prior to the publication of the last Proceedings of the society, and which was pregnant with the thought—must we omit the publication of the Proceedings for lack of money ?

" My brethren, these things ought not so to be."

A society represented by as much wealth as is our State society, by as many earnest members as it possesses, certainly cannot afford to have an unwritten history in these days when homœopathy is coming so prominently to the front.

I feel that the condition of the treasury was largely due to the unintentional carelessness upon the part of a goodly number of our members ; for the sending out by the Secretary of special cards to those in arrears, a short time ago, was productive of such good results that a letter received by me a few days since from the Treasurer contained the following congratulatory greeting : " Think of it. The State society is out of debt, and you will come up to the May meeting facing a surplus."

The result is a fitting demonstration of the loyalty of our members, and although there may be some in our society—as in all societies—who, wrapping the cloak of their own selfishness ever more closely about them, die of the inanition that comes of intellectual and social

inaction, yet there is a stirring majority, who by the getting and the giving of the society's best thoughts obtain a wealth undreamed of by those who do not mingle with us.

None better than the Secretary and the Treasurer, and those who have held these offices, appreciate the labors devolving upon them in the discharge of their duties, and to what extent the success of the society rests upon them; and as an expression of the appreciation we have of their labors I would recommend that the Secretary and Treasurer be relieved from the payment of annual dues during their term of their office.

#### THE STATE SOCIETY AND OUR COLLEGES.

My predecessor, Dr. Walton, certainly gave expression to a truth that merits the attention of the entire membership.

Too prevalent is the idea that our society is manipulated by, and in the interests of, our medical colleges. On the contrary, nearly its entire work—if truly appreciated—is directed to the favoring of the general practitioner. While it may be true that the general practitioner may not have realized in the workings of the society his ideal, yet much is accomplished each year that well repays the busy physician for his annual pilgrimages to these Meccas of our society.

#### HOW TO BE IMPROVED.

But can it be improved? The remarkable success attending those societies whose clinical features are prominently considered, and the keenness of discussion over some really practical paper in our State society, warrant the recommendation of a change in the general management of bureau work.

Instead of the usual disposition of the bureau with the appointment of a chairman and the more or less indefinite committing of the work to any who may chance accept position on the bureau, let a chairman—and if thought best an assistant chairman—be appointed whose duty it shall be to outline the work of the bureau and then to secure those whose special duty it shall be to illustrate by clinical report and discussion the practical workings of the subject under consideration.

These to be followed by the usual general discussion.

Long disquisitions will thus be avoided. Each bureau will be characterized by a practical outlining and characteristic elaboration; while the members of the bureau will add a wealth of practical knowledge that will enrich all who may have opportunity to listen or take part.

Many a good paper has been fated to pass unnoticed because the time was too limited to permit its considerations. And sometimes because it was simply some learned text-book disquisition which any one could consider at home as leisure or necessity might dictate.

By the plan now suggested the *clinical* feature would become the *prominent* feature of our gatherings; and the *clinical* feature is the *practical* feature of medicine.

We would not conclude these remarks without referring to two of the important events which history will this year record: one the fact that this year is the beginning of another centennial in the history of homœopathy; the other, that from this time forth all our colleges—adopting

the recommendation of the American Institute of Homœopathy—demand more thorough qualifications of all who seek graduation therefrom.

This advance in standard should receive the hearty support of the entire medical profession ; for even yet are we below the requirements made by the medical colleges of Europe, where from four to seven years of preparatory drill are required.

While it is probably impossible to so adjust the requirements made of those who seek admission to the medical profession as to do justice to each case, yet I think the course of study *should be*, and *could be*, so adjusted that young men and women who by years of previous mental discipline, with the medical profession in view, should receive some expression of appreciation of their labors by which it would be known that our homœopathic colleges offer a premium on well-disciplined minds.

As it is, a passably good English education in one coming from the farm, the shop, the store has no more required of him than is required of the one who by several years of academic or collegiate life has been fitting himself for a life service in a profession that needs the best of talents.

The arguments that I have heard advanced by some professors in medical colleges, that the advantages these men possessed would manifest themselves in their better positions in professional life, does not relieve our colleges from so arranging their course of study as to add a premium to previous qualifications.

The eagerness of young men and women to enter professional life should certainly be met with the best of cautionary advice from both the preceptor and the college.

Not but that many a man has made an honorable professional record whose previous qualifications were limited ; but it has been those who, mourning this previous lack, have tried to supplement it by after-years of—to them disadvantageous—toil.

As the Master Hahnemann said, " From this God-serving and noblest of all earthly occupations let all hold aloof who are deficient in mind, in the judicial spirit, or in any of the branches of knowledge required for its exercise.

And finally, the secret of success of any organization rests in its *personnel*.

The brief period of office of any man is not sufficient to create an enthusiasm strong enough to bear it on unaided by those who compose the membership. The strength of this society cannot rest, therefore, in the offices it bestows, nor in those who are the recipients of them, however honorable and desirable such officers may be, or however worthily filled. But in the membership—those composing the active, working brain-evolving factors—rests the power of this society. How important, then, to its success that a sense of personal responsibility for its welfare rests upon each of its members.

Again thanking you for the honor you have conferred upon me, and confident of the same hearty support you have given my predecessors, I declare the twenty-sixth session of the Homœopathic Medical Society of Ohio ready for the consideration of all subjects pertaining to its interest and welfare.

WOOSTER, O.

## INFANTO-COLITIS, INDIGESTION, AND ARTIFICIAL FEEDING.

By W. I. THAYER, M.D.

**D**IARRHŒA and entero-colitis are not uncommon diseases of children and infants, and are met with in every one's practice. It is by no means confined to the warm or hot months exclusively, but is far too prevalent at all seasons of the year. Therefore, there must be some other, if not controlling factor, to cause such complaints.

Can it be errors in alimentation? This is certainly a supreme and important matter in infancy and childhood. We know that our most frequent digestive complications are found in children who are fed artificially and not on good wholesome breast milk. All sanitarians agree that the milk supply of large cities is defective in quality, and the methods of supply of "country milk" urgently demand a reform. In almost all cases the cows are milked fourteen or fifteen hours before the milk is served promiscuously, from dirty cans, possessing vast quantities of bacteria, if tyrotoxin poison has not been developed. These are facts and not finely spun fanciful theories. If city milk is used, we have a new complication, for almost all city cows are tuberculous; so are some that have wide fields to roam in.

But, if all of the above factors were not present, were out of the case, we have in the very best cows' milk another difficulty to overcome, and that is, its curd, cow's casein.

Defective nutrition is the first great factor in entero-colitis, and the fearful mortality every where seen among teething children may, by sympathetic irritation, partly initiate bowel lesions; but the prime mover and manufacturer is mal-alimentation.

Now, then, what is the treatment?

Correct the unnatural feeding. How? By giving cows' milk? Cows' milk differs very essentially from human milk, and is *not* a perfect substitute. Now the question arises, Can it be made so?

If it can, who shall do the necessary work?

Cows' milk contains more protein matter, that is to say, more of oxygen, hydrogen, carbon and nitrogen, which form the most important constituents of animal fibrin, albumen, *casein*, gluten and legumen; has more fat, more mineral matter—which is just what is greatly needed, for the growing teeth, not to mention the remaining osseous system, and an important point often overlooked. There is less sugar in cows' milk than in human milk, which ought to be corrected. Then again, the former is slightly acid, while healthy human milk is alkaline.

The chief difference between the two fluids under consideration is, that the casein of cows' milk forms into a kind of hard, insoluble mass when brought in contact with the child's stomach, while the curd of human milk flocculates into a very soluble coagulum when brought in



contact with the gastric juice, and, is hence better adapted to human digestion and not sent through the alimentary canal and delivered at the anus as *undigested cheese*, having rasped its way all through the digestive tract.

An ideal artificial food for infants would be one constructed out of cows' or goats' milk, where the curd had been partly digested,—to the intent that its casein would be flocculated, so as to be easily converted into a peptone by the gastric juice,—and then add some soluble carbohydrate and make the compound neutral or slightly alkaline so as to resemble human milk, then sterilize by desiccation, seal and keep ready for use.

Cows' milk, treated as above, and the added carbo-hydrates in the form of milk sugar, is much better, because more soluble, for children up to the seventh or eight month, than though the carbo-hydrates were obtained from any of the cereal foods.

After an infant has arrived to eight months of age, it can then profitably dispose of a different form of the carbo-hydrates, such as from the cereals that have been roasted and converted into dextrine, which is very stable and unfermentable.

*Raw Starch*, so frequently found in many of the artificial foods for infants, is an abomination and will surely disarrange any infant's digestive apparatus.

Condensed cows' milk, is no better than the fresh cows' milk, because the act of condensation does not *partly predigest* the *tough casein*, which must be done, if one is to expect the best results.

It is absurd to expect that the nurse can predigest the cow's milk with any uniformity, and if that was done, she could buy at no drug store *freshly prepared pancreatine*, which is necessary to obtain reliable results. So far as we are aware, there is but one artificial infant food now in the market, that will come up to the above requirements, that is to say, one whose protein substances—the albuminoids—*tough casein*—has been partly predigested, so that the child can get the benefit of these proteides which are *absolutely necessary for full nutrition*.

Master D, as shown in the photo-lithograph, was nursed from the breast, but did not thrive; was very thin and poorly nourished. The father upon his own responsibility caused the child to be fed on Lacto-Preparata, and in two days a change for the better had taken place. The attending physician, not informed of what had been done, ordered another food. His advice was followed, and in a few days the child was back in as bad a condition as before. The circumstances were reported to the physician and the child put back upon the Lacto-Preparata, when it commenced to improve, and at six and one-half months weighed sixteen and one-half pounds. This food has been fed to the child during the day, and at night nursed in the natural way. It

will be noted, that the maternal breast *failed* to fully nourish the child.

Since we wrote the above, we have seen an article from the pen of Prof. Louis Starr, of Philadelphia, and there is no better authority on pædiatrics in the dominant school,—in which he says : “A perfect infant food is still a desideratum. Such a food will probably be evolved in the mind of some manufacturer, who understands the physiology of infantile digestion, and the chemistry of milk. A substitute for human milk, to approximate the latter closely, should be made entirely from cow’s milk, without the addition of any ingredient not derived from”



—cow’s, or human—“milk.” “Until this consummation is reached, we must be content with foods known to be derived from pure sterilized cow’s milk, whose casein has been partly predigested, and to which no injurious ingredients have been added for the purpose of aiding digestion, or increasing the nutritive properties.” . . . . “Such a food, too, would have the advantage of being easily prepared by the addition of sterilized water, affording an altogether sterilized food.”

At the time Prof. Starr wrote the above, there was not in the market an infant food, constructed *wholly* out of predigested cow’s milk.

It is true, that cow’s milk was largely used, but it was combined with

some form of the cereals. Such a kind of food will not digest quite as easily, for very young infants, say under eight months of age, for the reason that the carbo-hydrates, when derived even from dextrine, will not digest as readily as where the carbo-hydrates are supplied from some milk constituent, like sugar of milk.

We have another very decided and marked case of inanition, where the child was being nursed, yet *starving*! The child was put upon the above-named food and nursed at nights, and in one week's time commenced to gain most decidedly. The food sits well upon the stomach. Before bowels were severely constipated. The next day after ingestion of the artificial food the bowels moved easily and have so continued to the present time, and the child is well and *thoroughly nourished*!

BROOKLYN, N. Y.

---

---

### PLASTIC IRITIS (INFLAMMATION OF THE IRIS).\*

By A. B. NORTON, M.D., NEW YORK,

Surgeon New York Ophthalmic Hospital, etc.

**PATHOLOGY.**—There is first a hyperæmia, followed by an increase of the stroma cells, which become swollen and turbid, together with a fibrinous exudation. This exudation consists of an amorphous granular mass, with pigment and a few round cells, which is especially found at the pupillary edge, and later on the surface of the iris.

If the disease is not arrested at this stage the fibrinous exudation becomes changed into a delicate membrane, and later into tough fibrous connective tissue containing blood-vessels, which form the adhesions between the iris and lens capsule.

**SYMPTOMATOLOGY.**—Subjectively ciliary neuralgia is the most characteristic symptom, for in acute iritis the pain is always considerable; it is not confined wholly to the eye but extends into the forehead and temples as well, and in some cases they will complain of shooting pains through the whole head; the pain of iritis is always worse at night and in damp weather. In chronic iritis there is sometimes almost complete absence of pain. The eyeball is apt to be very sensitive to touch. Photophobia and lachrymation are well marked. Dimness of vision will often be complained of, and when present may be due to the exudation, cloudiness of the aqueous, or to a congestion of the optic nerve or retina.

Objectively the lids may be red and puffy, and on opening the eye we will find marked ciliary injection, which should always direct one's attention to iritis or some deeper inflammation of the eyeball. The cornea will appear surrounded by a violet red ring or sub-conjunctival

---

\* Read before the American Institute of Homœopathy, June 18, 1890.

vessels; together with this there is engorgement of the conjunctival vessels, which in some cases amounts to a chemosis. In the ciliary or sub-conjunctival injection there are numerous very fine, deep vessels extending from the corneal margin in an almost straight course directly backwards and giving the appearance often described as a rosy zone, while in the conjunctival injection the vessels are far less numerous, more superficial, larger, and more tortuous in their course. Discoloration of the iris is always present, and is due to the addition of the reddish yellow color, resulting from the congestion and infiltration, to the normal color of the iris; a blue or gray iris changing to a green, and a black or brown iris to a reddish brown color. The iris loses its luster, assuming a dull, heavy look instead of its normal glossy appearance. The pupil is sluggish and contracted. Posterior synechiæ are usually present, and are recognized by irregularities of the pupil seen when attempting dilatation with a mydriatic. The pupil may be partially or completely closed by the exudation, in this way forming exclusion or occlusion of the pupil. The haziness of the aqueous is due to the cellular elements thrown off from the iris and suspended in the anterior chamber, and may vary from a fine opacity to a hypopion.

**ÆTIOLOGY.**—Iritis is most rare in childhood, being usually found in adults from the twentieth to the forty-fifth year. It may occur in one or both eyes, and seems to be more frequently found in men than in women. It comes on from colds and over-use of the eyes. Scrofula and syphilis are most frequent causes (60 to 70 per cent. of the cases of iritis being due to syphilis alone according to some authors). Rheumatism, gout, and gonorrhœa may cause iritis. After injuries, such as cataract operations, foreign bodies penetrating to anterior chamber, etc. Secondary to other diseases of the eye, especially from the cornea and conjunctiva. Iritis frequently follows after severe constitutional diseases such as variola, typhoid fever, etc., and is not infrequently seen as a sympathetic affection.

**COURSE.**—Iritis may be either acute or chronic in its course. In the acute variety, according to our old-school authorities, "They run their course in about four to six weeks" (?) but we should say two to six weeks, for under homœopathic treatment we find a very large per cent of cases are entirely cured in from two to three weeks.

The chronic form of iritis lasts much longer, and is apt to be overlooked, as the inflammatory symptoms and pain are very slight, and in some cases are almost entirely absent. In this form, frequently, the only indications of iritis will be a very slight peri-corneal injection, lachrymation, dimness of vision, and posterior synechiæ.

**PROGNOSIS.**—This depends upon the stage of the disease and the treatment followed. If iritis is seen early, before adhesions have

formed, it should be conducted to a perfect resolution ; if, however, posterior synechiæ are present, there will be more or less interference with vision, depending upon the size and strength of the adhesions. Relapses are very apt to occur in iritis, and are rendered more liable when posterior synechiæ remain, owing to the constant traction upon the iris from the adhesions during pupillary movements.

COMPLICATIONS.—Corneal affections may result from an iritis, but more frequently affection of the iris follows that of the cornea, and is usually due to direct continuity of tissue through the ligamentum pectinatum iridis. More important, however, are the secondary affections of the ciliary body and choroid, which are practically the same membrane as the iris, for the structure of the three parts, being in main the same, and continuous with each other, serves to form what is designated as the uveal tract. This complication would be suspected if impairment of the vision increased, if the eye became extremely sensitive to touch, there was increased episcleral redness, and most characteristic of all would be opacities of the vitreous, as revealed by ophthalmoscopic examination. The tension should also be noted in suspected involvement of the uveal tract, as in irido-choroiditis it is apt to be increased, while in irido-cyclitis it is the reverse. Glaucoma is liable to occur, especially where there has been total posterior synechiæ, and is due to the accumulation of fluid in the vitreous chamber, resulting from the closure of the passage between the anterior and posterior chambers of the eye. Cataract, especially capsular, results from the adhesions of the iris to the lens capsule.

TREATMENT.—The first indication in this disease, as in all others, is to remove the cause if possible. If the iritis is due to a foreign body lodged in the iris, remove it; if the result of a dislocated lens, extract the lens; if due to sympathetic irritation from the other eye, treat that; or if the vision is permanently lost in the irritating eye, enucleate it.

The patient should preferably be kept in a darkened room and in bed, in order that perfect rest may be obtained. If allowed to go out the eye should be bandaged, and the sound eye should also be protected from the light with smoked glasses. Warmth is an important adjunct in the treatment of iritis, and is best used by means of a large thick pad of cotton covering the side of the head as well as the eye; in this way we have a *constant* dry heat. For the intense neuralgic pains, so frequently found at night in iritis, the application of a small bag about half-full of fine table salt and heated hot will oftentimes give great relief.

We now come to the most important item in the whole treatment of iritis, and that is *dilatation of the pupil*, which should be secured at the earliest possible moment, and then kept so throughout the disease. Atropine is the mydriatic most generally employed, and usually of the strength of four grains to the ounce of water. This may be instilled,

in severe cases, as frequently as every hour, until complete dilatation is secured, which may then be maintained by its use three or four times a day. If strong adhesions are found which *cannot* be torn (after thorough trial), the use of the mydriatic may be dispensed with until the inflammatory symptoms have subsided, for by its constant traction it may serve to keep up the irritation. As in some eyes atropine acts as an irritant, some other mydriatic, such as duboisine, daturine, or homatropine, should be substituted, *but in all cases secure full dilatation if possible.*

Iridectomy is perhaps the only operation advisable in iritis, and may be used, first, to improve vision in cases where the pupil has become occluded from the exudation, and secondly, iridectomy may be made to prevent complete loss of vision which is threatened by recurrent attacks. It should also be performed in cases of total posterior synechiæ when there is increased tension, together with bulging of the iris, in order to prevent blindness from secondary glaucoma or detachment of the retina. Iridectomy when performed for iritis should be, if possible, when there were present no inflammatory symptoms, and a large piece of the iris should be excised, so that the artificial pupil will be less liable to be closed up from subsequent attacks, and also that a large exit for the secretions of the eye be made.

*Aconite.*—Will be of value in a few cases due to exposure to a draught, if seen very early, before exudation has taken place, when there is great heat and burning in the eyes.

*Arnica.*—May also be used in early stages when due to injury.

*Arsenicum.*—Has burning pains, aggravated after midnight, and relieved by warmth.

*Asafœtida.*—Has proven of value in syphilitic cases, especially when there is severe pain in and above the eye, of a throbbing character, extending from within outward, and relieved by rest and pressure.

*Aurum.*—Also is chiefly useful in syphilitic cases, when there is severe pain, which is located, as in the bones of the orbit. Pain in the eyeball, extending from above downward and from without inward, aggravated on touch (reverse of *Asafœtida*).

*Belladonna.*—Is occasionally useful, early, in cases due to a cold, with a throbbing pain, etc.

*Bryonia.*—Iritis from exposure to cold. Shooting pains in the eye extending into the head and face. Soreness and aching of the eyeball, as though being forced out of the socket. Pains aggravated by use or movement of the eyes at night.

*Cedron.*—Will often relieve the severe ciliary neuralgia when periodical and supra-orbital.

*China.*—The severe pains of iritis, especially if of an intermittent type, or accompanied by chills and fever, will oftentimes be relieved by tangible doses of either the arseniate or muriate of quinine.

*Cinnabaris.*—Is a valuable remedy in iritis, especially when due to

syphilis; its characteristic pain commences at the inner angle of the orbit and extends across the brow and around the eye, with an aggravation at night.

*Clematis*.—Has but little pain, and its key-note seems to be great sensitiveness of the eye to cold air.

*Hamamelis*.—Traumatic iritis when there is hæmorrhage into the anterior chamber.

*Hepar*.—Is the remedy in iritis associated with pus in the anterior chamber. Throbbing pains relieved by warmth. Eye very sensitive to touch. Often indicated when the inflammation has extended to the cornea, ciliary body, or choroid.

*Kali iod*.—Valuable remedy in iritis of a syphilitic patient.

*Mercurius*.—Is the remedy always first thought of and more frequently used than any other in iritis, because it has more of the symptoms common to iritis than any one other drug. The pains of *mercurius* are usually severe and are variously described as tearing, boring, cutting, burning, throbbing, shooting, sticking, agonizing, etc., etc., and are located, as in and around the eye, in temples and forehead. The pains, like those of iritis, are always worse at night and in damp weather. Great sensitiveness to cold and light. There are many other less important symptoms of the eye, which, together with the concomitant symptoms of *mercurius*, will lead one to its selection. The corrosivus is probably the most frequently employed.

*Rhus tox*.—In iritis caused by exposure to wet; and in rheumatic patients. Swollen and œdematous lids, with a gush of tears upon opening them. Chemosis and the nightly aggravation will indicate this remedy.

*Spigelia*.—Sharp, shooting, radiating pains in and around the eye.

*Terebinth*.—Intense pains in the eye and head.

*Thuja*.—Severe, sharp, sticking pains in the eye, worse at night, and relieved by warmth. In syphilitic iritis with gummata.

*Prunus*.—Will often relieve a sharp piercing pain shooting from the eye into the head.

The following remedies have also proven of value in some cases: Cimicifuga, colchicum, colocynth, petroleum, paris quad., and sulphur.

152 WEST THIRTY-FOURTH STREET, NEW YORK CITY.

---

### "THE PRESS." \*

By FRANK KRAFT, M.D.

I AM reminded of a story told somewhere by Mark Twain concerning a literary venture on the Pacific Coast. A number of literary persons agreed to write a composite story, each member furnishing copy for one issue of the *Weekly* and each using only the material furnished

---

\* One of the toasts of the Banquet given by the Cleveland physicians to the Homœopathic Med. Soc. of Ohio, at their recent session.

by his immediate predecessor as his guide. By some accident the contributor who was to have carried the thread into Mark Twain's hands became sick, and a tramp printer was substituted. This erratic gentleman introduced a scandal, an elopement, a murder and a suicide, corraled the remaining characters in a Fulton ferry-boat, and blew up the boat in mid-river. In a P. S. he added that the story was now all concluded, and the characters all dead, with the exception of the devil, whom his successor would attend to in the next issue. I am somewhat in the predicament of Mark Twain. I am placed at the tail of the feast, with the midnight hour gone by, every other live topic disposed of, and there is nothing left for me but the devil; that is to say, "The Press." For there can be no press without a printing office, and no printing office without a devil.

The first duty of "The Press" is to establish its circulation. I am free to confess, however, that at this present moment, it is just about all I can do to recover my own circulation. The circulation of the medical press differs from that patented some years ago by a party named Harvey, in that the former is, like love, of man's life a part, while the latter is his whole existence; the former depends almost wholly on outside influences, while the latter is on inside affairs exclusively. The circulation of the medical press is in some respects similar to the circulation of the daily press; that is to say, it is made up in part of actual subscribers, and in further part of free copies, dead-heads and dead-beats, I am sorry to say, and a sworn affidavit from a convenient notary public. The circulation of the medical press is rarely stopped or impeded by the withdrawal of one or two irate subscribers, whose pet hobby has been "blocked out." The circulation of the medical press is but little affected by what the clever editor puts into his page or pages. But, on the contrary, of all these things, the circulation of the medical press, like the true homœopathic prescription, is dependant wholly, exclusively and altogether, on the "totality."

There is a very erroneous impression extant that a medical journal is edited and printed for the money that can be made out of the "plant." But that is a mistake. Glory, fame, and the public good are the sole springs of action which move the editors and publishers, and as these are bankable commodities, they pay the printers and paper-makers, and these little dunning reminders of financial delinquency which fall like autumn leaves for number upon the busy doctor's desk, are simply matters of form, to which the average doctor is too busy to give any heed, until savagely jogged by the devil—the printer's devil. Then he may sit down—the doctor, I mean, not the devil, for the latter personage is never idle long enough to enjoy such exercise, and is also so built anatomically that he cannot sit down gracefully—then the indignant doctor sits down and indites a harsh letter to the editor, asks that his name be taken off the subscription, but unfortunately forgets to enclose his back subscription.

We have to-day in the United States twenty-three homœopathic journals which constitute our Medical Press. I am very sorry that I cannot make it an even two dozen. For many years we had in our ranks a journal with a homœopathic title; a journal that was ably edited and conducted in the interests of Homœopathy; it contained contributions from some of our best pens; and, in short, stood well to the front for usefulness and success. But in later years having fallen



among the philistines, and having imbibed much scientific lore, it grew wise, and wiser, and wisest, until in the fullness of its wisdom, our erring sister became ashamed of its homœopathic title, and hauled down the flag. In the pages of these twenty-three journals may be found every conceivable shade of homœopathic opinion, from that concerning the administration of the crudest of crude drugs on the one hand, to the highest and most nonsensical of high potencies on the other. The profession need never go hungry for intellectual pabulum, for there is a sufficiency and to spare. The profession has no occasion to be ashamed of its medical press. It compares favorably with the press of any school of medicine or of science. Its pages are graced with contributions from men and women who have long since passed out of obscurity, beyond the milestone of mediocrity, and to-day stand in eminent places in the profession. It is no infrequent occurrence to find many of our articles transferred into the pages of the rival schools, though, unfortunately, mutilated as to the credit. The profession, also, has no occasions to be ashamed of its editorial pens. Where is there a school of medicine, or a branch of science devoted to a specialty, that can muster as many willing and intelligent workmen as the profession of Homœopathy? Where can you find a profession, ridiculed and belittled as homœopathy has been and yet is, that has enlisted under its banner men like Dillow of the *North American*, Gatchell of the *Era*, Cowperthwaite of the *North Western*, Allen of the *Advance*, Fisher of the *Southern Journal*, MacLachlan of the old *Counselor*, Sutherland of the *New England*, Storke of the *Current*, Bartlett of the *Hahnemannian*, James of the *Homœopathic Physician*, and the many others who are giving their time, their labor, and their love to the upholding and up-building of *similia similibus curantur*? With such sharp pens at work in our cause, there can be no stagnation, no retrogression; there must be, as there is, progression!

Since the beginning of this present year there has disappeared from the medical and journalistic firmament a brilliant star, one that had given promise of ultimately ranking as a constellation of the first magnitude. A young man, old beyond his years in all that goes to make up journalistic success, conscientious, painstaking, impersonal, whole-hearted, and progressive, he had carried along for years and almost single-handed a little journal, published in this city and called "*The Clinical Review*." He labored hard to stem the tide of adversity, and only after encountering obstacle after obstacle that proved to him to be insurmountable, did he relinquish his hold on the editorial pen, and the little journal ceased its usefulness. He then addressed himself exclusively to his profession, published one little book that will keep his name in the annals of homœopathy; gave lectures in your college here, and was preparing himself for a specialty, when, almost in a moment, without warning, in the very midst of all his usefulness, with all of life just before him, no shadow of regret to dull the roseate hues of his future, no mistakes to live down, his eyes fixed hopefully and firmly upon the pinnacle where fame beckoned him,—he fell back into the arms of Eternity, and the profession had lost Charles L. Cleveland. [Applause.]

## BOOK REVIEWS.

**A MANUAL OF OBSTETRICS.** By A. F. A. KING, A.M., M.D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of Columbian University, Washington, D. C., and in the University of Vermont. One hundred and forty-one illustrations. Fourth edition. Philadelphia : Lea Brothers & Co. 1889.

The title would convey the impression that this book was simply a Manual ; but even a cursory reading will convince the reader that it is more than that. No effort is made to elaborate any disputed theory, and yet the theory is treated to a notice sufficient to impress its essential points on the reader's mind. As this is the fourth edition, very little can be added to former reviews which have exhaustively presented its good points, except to say that age has not diminished our regard for the Manual, and that we have found it trustworthy and are pleased to find our judgment accentuated by others who have, by purchase, necessitated the preparation of this fourth edition.

**THERAPEUTICS OF NERVOUS DISEASES, INCLUDING ALSO THEIR DIAGNOSIS AND PATHOLOGY.** By CHARLES PORTER HART, M.D., late Professor of Diseases of the Nervous System in Hahnemann Hospital College, San Francisco ; Honorary Member of the College of Physicians and Surgeons of Michigan ; Member of the American Association for the Advancement of Science ; Corresponding Member of the California State Homœopathic Medical Society ; formerly Surgeon-in-charge of the Surgical Wards, Chief Surgeon to the Eye Department, and President of the Board of Medical Examiners of Brown General Hospital, U. S. A., Louisville, Ky. ; Author of Treatises on "Diseases of the Nervous System," "Intra-cranial Diseases," "Diseases of the Spinal Marrow and its Coverings," etc., etc. Phila. : F. E. Boericke, Hahnemann Publishing House. 1889. Page 253. \$2.

Dr. Hart has given the profession a learned and interesting volume on a subject with which homœopathic authors have thus far had but little to say ; true, we have a number of chapters devoted to Nervous Diseases in our text-books, but none of them are as finely divided and as carefully treated, so far as we know, as Dr. Hart's work. This volume is divided into seven general divisions, with titles as follows : Diseases of the Brain and its Membranes ; Diseases of the Spinal Marrow and its Membranes ; Cerebro-Spinal Diseases ; Diseases of the Peripheral Nervous System ; Diseases of the Sympathetic Nervous System ; Symptomatic Diseases ; Mental Diseases. From this it is evident at a glance that the subjects include, perhaps, every known variety of mental and nervous disorders. It is true in treating a specialty the author is necessarily obliged to call his disease by some accepted name, and give his attention to them in that order. This Dr. Hart has done, but he has not permitted this pathological arrangement to obscure his homœopathic treatment ; or rather, to state it differently, he is not treating diseases *per se*, but the symptoms and conditions which certain pathological conditions call forth. The plan adopted under each separate head is as follows : Synonyms ; Definition ; Diagnosis ; Pathol-

ogy ; Clinical Experience ; Therapeutic Indications ; Auxiliary Treatment. The Therapeutic Indications, while brief, as they must necessarily be where so much ground has to be gone over, are reliable and pithily put. Under Auxiliary Treatment we find that electricity in some form must be the handmaid of the nervous disease specialist. The chapter on Mental Diseases is very fine ; and our only regret is that it is too brief for the importance of the subject. As a "totality," we desire to add our voice in its praise, and to indulge the hope that future editors will find more homœopathic remedies and less auxiliary treatment. As to the mechanical part of the work, it is in the customary form issued by this enterprising firm, binding, type, and paper, and makes a handsome companion book to the many other specialty treatises.

THE TWELVE TISSUE REMEDIES OF SCHÜSSLER, COMPRISING THE THEORY OF THERAPEUTICAL APPLICATIONS, MATERIA MEDICA, AND A COMPLETE REPERTORY OF THESE REMEDIES. Arranged and compiled by WM. BOERICKE, M.D., late Professor of Materia Medica and Therapeutics in the Hahnemann Hospital College of San Francisco, Editor of the *California Homœopath*, Member of the California State Homœopathic Medical Society, American Institute of Homœopathy, etc., and WILLIS A. DEWEY, M.D., Professor of Anatomy in the Hahnemann Hospital College of San Francisco, late House-Surgeon at Ward's Island Homœopathic Hospital, Member of the American Institute of Homœopathy, Member of California State Homœopathic Medical Society, etc. Second Edition, revised and enlarged. Phila. Hahnemann Publishing House. 1890.

When we were yet reading with our preceptor, we chanced one day in his absence to find a little limpsey pamphlet, and soon became deeply interested in its contents, and marveled why nothing had ever been said about its forming a part of our curriculum. This was Schüssler's book, the first that was ever issued in English. When our preceptor found what we were reading, he took it away, saying that the homœopathic materia medica must be first thoroughly understood before he would allow the study of the bio-chemical system. Since then, of course, Schüssler has been a constant companion, and the cures effected by its instructions not a few. Reading through the first dozen pages of this Second Edition, as prepared by Drs. Boericke and Dewey, recalls the episode already mentioned, and convinces us that, notwithstanding the masterful exposition of the subject by the editors and their frequent appeals to Hg., there is much in the bio-chemical treatment that is not dreamed of in homœopathy ; and that, further, it is a good book, in its present incomplete form (because speaking of imperfectly proven remedies), to keep away from the intending homœopathic student, until he has thoroughly mastered the principles of Homœopathy. Without argument it stands to reason that it is so much easier to practice with twelve remedies than with several hundred, when, as in the book before us, the names of some of our best homœopaths are appended to cures performed by Schüssler's remedies. A homœopathic graduate or a physician in practice is of course able to make the distinction between the proven and the unproven remedies. As to the merits of Schüsslerism we have little to add beyond that spoken by the press in the former edition. Used homœopathically, Schüsslerism under any other name, or based

on any other theory, would prove curative. Hence, there can be no valid objection to the introduction of the Tissue Remedies into the medicine chest of the homœopath, and for the same reason this book should be carefully but *intelligently* studied. As to the work of the editors there can be but one opinion; *i.e.*, it is excellent. The divisions of the work first in a Materia Medica Section, giving Synonyms, Chemical Properties, Preparation, Physiologico-chemical Data, General Action, then the Guiding Symptoms and General Characteristics; then into a Therapeutical Class; and finally into a Repertory, bespeaks much care and labor aided by knowledge rarely found as discriminating as is here evidenced. The additions to and eliminations from this Second Edition are in the line of improvements.

---

### GLOBULES.

---

—Drs. Boericke & Dewey have removed to 824 Sutter Street, San Francisco, being five doors below their former office.

—The advantages of "sterilized" milk cannot be ignored. Send to Malted Milk Co., Racine, Wis., for a sample of "Malted Milk."

—For an otherwise uncontrollable epistaxis put 20 drops of jaborandi in half a glass of cold water and give two teaspoonfuls every fifteen minutes until relieved. Even this failing, then use ergot.—*Owens.*

—The president and secretary of the Oregon State Society are on our table in a warmly worded appeal to its members not to wait till harvest-time before sowing the seed. Write the papers now! Dr. Wigg is a thoroughly in earnest kind of a homœopath.

—Secretary E. Elmer Keeler, of the Onondaga County Homœopathic Society, is out in a circular of thanks to the Governor and Legislature of New York, for his and their proper appreciation of the Separate Medical Examiners' Bill and the making of the bill a law.

—The fourth annual class of instruction in Orificial Surgery will be held by Prof. E. H. Pratt, at the Chicago Homœopathic Medical College, during the week beginning Monday, Sept. 1, 1890. For particulars address E. H. PRATT, M.D., 56 Central Music Hall, Chicago, Ill.

—On general principles, a physician who is not a father is not qualified to properly understand babies, no matter how much of a scientist he may be. Of course there are exceptions to all rules.—*Dr. I. N. Lane.*

How about this slur, Brer G——. B. P——k?

—From time immemorial people have carried buckeyes in their pockets to keep off rheumatism; but now comes a Georgia doctor who swears that an acorn carried in the pocket will keep away aches, pains and swellings as well.—*Ex.* We have a patient who eats raw potatoes at all hours of the day and night when awake. Are they good for anything in occult lore, or do they just simply fill up?

—A \$2000 practice, well established, for \$300, in a small Ohio town ten miles from a large city and nearest homœopathic competition. Methodist and Catholic churches. High School, Masonic lodge, Grand Army post, daily mails, express office, railroad station, telegraph and telephone. Rent of house and barn, \$8.33. Will sell horse and buggy if desired. Good reasons for selling. Address Dr. KRAFT, Sylvania, Ohio.

—A CONFIRMATION OF ACALYPHA INDICA.—In 1866 a patient requested me to prescribe for a friend's child, a girl of ten or twelve years of age, who had been treated for pneumonia by an old-school physician, and for some six weeks after getting well enough to be "about house," "had had a constant cough, and every time of coughing she would spit up blood," I began questioning for further symptoms, but this was *all* that he could tell me. I sent acalypha, 3d centes. dil., to give her one drop every half-hour till the cough and bleeding ceased. The third dose cured her. I have always carried the drug with me since then, but cannot recall another case in which it seemed indicated or that did not yield to cactus grand.—*S. E. Swift, M.D.*

—OBITUARY.—It is with no small regret we notice the death of our estimable young friend and contributor Dr. L. L. Helt, a graduate of Pulte Medical College, '89, who died May 6, 1890, of suppurative peritonitis. From the *Pulte Quarterly* we copy the following:

"Dr. Helt, soon after his graduation, was appointed assistant physician to the Ohio Penitentiary and served in that position until two months before his death. At this time he left Columbus and went to Franklin, Ohio, where he was in practice up to a few days before he died.

"Dr. Helt was a hard student, and by earnest work was rapidly making his way to a position among the workers in the profession."

His contributions to this journal were of the first order, were always welcome, were truly homœopathic, and, we doubt not, were gladly read. He gave promise of rare medical ability. Peace to thee, friend and brother!

—HEAT AND ITS EFFECTS.—At this time of the year it is a good plan to have all milk sterilized as soon as possible. This is a very simple process, and consists of putting the milk in a clean bottle, loosely corking with a clean, new cork, and then placing the bottle in a vessel of water, and heating it slowly to the boiling point, this temperature being continued for forty-five minutes; then tightly cork the bottle and set it in a cool place until needed for use. The nutrient properties of the milk are not destroyed, or even weakened, by this process, but for most persons it is more nourishing.

In case of looseness of the bowels, a few doses of the ordinary remedies will usually furnish the desired relief. Where there is a weakness of vitality, with very great propriety and advantage, teaspoonful doses of maltine may be added to the sterilized milk; the diastatic power of maltine being capable of rendering soluble and digestible any starchy food that may be in the stomach. Starch foods, such as Irish potatoes and breads, have often been regarded as the immediate and irritating cause of infantile enteric disorders. In part this may be true,

and yet these starch foods were the very ones the lacteals and absorbents were crying for, and needed to stay the waste that was going on, with fatal rapidity.

Right here the inestimable value of maltine, with its diastatic solvent properties, is quickly made manifest in changing the character of the discharges, and causing an irritant factor to become one of nutrition; given in sterilized milk the benefit of both is obtained.—*Cin. Lancet Clinic.*

—SOUTHERN HOMŒOPATHIC MEDICAL COLLEGE.—As the result of a controversy between the Maryland State Homœopathic Medical Society and the Baltimore Homœopathic Free Dispensary, on North Greene Street, the society has resolved to establish another free dispensary and also a medical college. The college has been incorporated under the name of the Southern Homœopathic Medical College and Hospital of Baltimore by Dr. Elias C. Price, Dr. Henry Chandlee, Dr. Nicholas W. Kneass, Levi Z. Condon, Dr. Robert K. Kneass, Dr. Eldridge C. Price, Dr. Michael J. Buck, Dr. Robert W. Mifflin, George M. Lamb, Dr. Henry W. Webner, Dr. Oliver Edward Janney, Dr. Henry F. Garey, Dr. Edward H. Condon, Dr. Frank C. Drane, Dr. John Hood, Martin Lane, Aubrey Pearre, Henry F. Garey, Albert N. Horner, Sebastian Brown, John T. Graham, Joshua Register, Dr. Charles H. Thomas, Wm. A. Carroll, Woodward Abrahams and Peter Thompson. The incorporation is for the purpose of maintaining a medical, surgical, dental, pharmaceutical and veterinary school or college and hospital. A feature of the college will be the admission annually of one white person (male or female) from each congressional district of Maryland to every course in the college, the admission to be upon the recommendation of the Representative in Congress. The capital stock is placed at \$50,000, which may be increased to \$200,000, divided into \$25 shares. The same gentlemen also incorporated the Maryland Homœopathic Free Dispensary and Hospital of Baltimore. It has no capital stock, its funds being derived from contributions. It is stated that about a month ago the board of directors of the dispensary on Greene Street were approached officially by the State society for the purpose of discussing what the relationship of the dispensary should be to the society at large. The dispensary board refused to confer upon the subject, and the incorporation of yesterday was decided upon. It is said that the old dispensary has been controlled by a few physicians antagonistic to the State society, and the society has had no hand in its management, although the public thought it had. There was a stated meeting of the society on Wednesday evening, at which the proposed incorporation was announced and heartily indorsed. At the meeting Wednesday the resignations of Dr. Thomas Shearer, treasurer, and Dr. D. H. Barclay were received. Dr. M. Brewer, who resigned as president at a previous meeting, was succeeded by Dr. Elias C. Price, and Dr. O. E. Janney was elected treasurer. No specific plans have yet been made, but the society expect to erect a handsome college building.—*The Balto. Sun.*

The prayer of the Southern Homœopathic Medical Association seems about to be answered. Here, at last, is a *Southern* Homœopathic College. Let us see with what unanimity and alacrity the S. H. M. Assn. will clasp this infant to its *Southern* bosom.

## OH-DON'T-LOGY.

DON'T let Ludlam tell any more fish stories.

DON'T give your "crack" paper to more than one journal.

DON'T forget the didactic forefinger if you are a Professor and lecturing the Institute.

DON'T slight the newspaper reports, gentlemen of the Institute. Go where Reporters await you.

DON'T use ice or ice-water in cases of sunstroke. Take water as the river or well presents it, or, better, if lukewarm.

DON'T let us have any more banquets. Give us a good square supper, without claw-hammer coat, toasts, and inane speeches.

DON'T forget that a drop or two of ice-water two or three times a day will relieve the excessive photophobia in scrofulous ophthalmia of children.

DON'T get the idea that all the Institute papers should appear in but one medical journal. This is a self-evident proposition, requiring no diagram.

DON'T keep the baby in a hot, poorly ventilated room, especially at night, for fear that lack of free supply of oxygen may induce cholera infantum.

DON'T feed the baby at the table. If you do, sooner or later you will derange its sensitive nervous system and lay the foundation for a life of trouble.

DON'T conduct—*i.e.* edit—a medical journal on the basis of a Dime Museum—lots of red paint and parade and announcements and things on the outside.

DON'T maliciously retail a known falsehood concerning a rival in the Institute or in journalism, such, for instance, as "X. Y. Z. is running for General Secretary."

DON'T put the Institute into watering-places and out-of-the-way resorts for the avowed purpose of keeping the sessions well attended. The lazy doctor will be lazy still.

DON'T overlook this clinical fact, that the blue line on the gums comes usually when the liver is growing smaller, abdominal fat wasting, skin and conjunctiva becoming yellow.

DON'T you feel a little funny just now, members of the Medical Society of the City and County of New York, to have carried as a "Regular," for over ten years, the archest of all arch homœopaths, Hahnemann himself.

DON'T fancy that an Institute bureau is designed solely for the business of that bureau; for some crank is always there to air his pet theory on some other matter. In gynæcology or surgery, for instance, when instrumental therapeutics are being weighed, he is sure to ring the changes on the decadence of *materia medica* as it existed in those "good old times."

ESTABLISHED 16 YEARS.

BEWARE OF IMITATIONS.

# COLDEN'S LIQUID BEEF TONIC

AN INVALUABLE AID IN MEDICAL PRACTICE

ORIGINAL

COLDEN'S LIEBIG'S LIQUID EXTRACT OF BEEF AND TONIC INVIGORATOR.

LABEL

ESSENTIALLY DIFFERENT FROM ALL OTHER BEEF TONICS. UNIVERSALLY  
ENDORSED BY LEADING PHYSICIANS.

This preparation, consisting of the Extract of Beef (prepared by Baron Liebig's process), the best Brandy obtainable, soluble Citrate of Iron, Cinchona and Gentian is offered to the Medical Profession upon its own merits. It is of inestimable value in the treatment of Debility, Convalescence from Severe Illness, Anemia, Malarial Fever, Chlorosis, Incipient Consumption, Nervous Weakness, and maladies requiring a Tonic and Nutrient. It is quickly absorbed by the Stomach and upper portion of the Alimentary Canal, and therefore finds its way into the circulation quite rapidly.

**COLDEN'S LIQUID BEEF TONIC** appeals to the judgment of Intelligent Physicians in the treatment of  
**ALL CASES OF GENERAL DEBILITY.**

By the urgent request of several eminent members of the medical profession, I have added to each wineglassful of this preparation two grains of Soluble Citrate of Iron, and which is designated on the label, "With Iron, No. 1," while the same preparation, without Iron, is designated on the label as "No. 2."

In prescribing this preparation, physicians should be particular to mention "COLDEN'S," viz., "Est. Cerné Ft. Comp. (Colden)." A Sample of COLDEN'S BEEF TONIC will be sent free on application, to any physician (enclosing business card) in the United States. Sold by druggists generally.

**C. N. CRITTENTON, General Agent, 115 Fulton St., New York.**

## GLENN'S SULPHUR SOAP.

BEWARE OF COUNTERFEITS.

Physicians know the great value of the local use of Sulphur in the Treatment of Diseases of the Skin.

## Constantine's Pine-Tar Soap.

THE BEST SOAP MADE.

Has been on trial among physicians for very many years as a healing agent. By far the Best Tar Soap made.

**Wholesale Depot, C. N. CRITTENTON, 115 Fulton St., New York.**  
Samples of above Soaps SENT FREE, on application, to any Physician enclosing card.

CH. MARCHAND'S

# Peroxide of Hydrogen,

MEDICINAL (ABSOLUTELY HARMLESS)

 $H_2O_2$ 

Is rapidly growing in favor with the medical profession. It is the most powerful antiseptic known, almost tasteless, and odorless. Can be taken internally or applied externally with perfect safety. Its curative properties are positive, and its strength and purity can always be relied upon. This remedy is not a nostrum.



Experiments of Prof. Pasteur, Dr. Koch, and many other scientific authorities, prove beyond doubt that Germs, Bacteria, or Microbes cause and develop: **NOSE, THROAT, AND LUNG DISEASES—Diphtheria, Croup, Sore Throat, Catarrh of the Nose, Hay Fever, Bronchitis, Laryngitis, Pharyngitis, Whooping Cough, Consumption and other Chronic Affections, specific or not.**

**GERMS, BACTERIA, OR MICROBES** are instantaneously annihilated when brought into contact with **Ch. Marchand's Peroxide of Hydrogen**. This wonderful bactericide acts both chemically and mechanically upon all excretions and secretions, so as to thoroughly change their character and reactions instantly. By destroying the microbial element this remedy removes the cause of the disease.

**CAUTION.**—I would earnestly impress upon the profession the very great importance of prescribing only my Peroxide of Hydrogen (Medicinal), from which all hurtful chemicals have been eliminated.

By specifying in your prescriptions "Ch. Marchand's Peroxide of Hydrogen (Medicinal)," which is sold only in  $\frac{1}{4}$ -lb.,  $\frac{1}{2}$ -lb., and 1-lb. bottles, bearing my label and signature, you will never be imposed upon.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

A book containing full explanations concerning the therapeutical applications of Ch. Marchand's Peroxide of Hydrogen (Medicinal), with opinions of the profession, will be mailed to physicians free of charge on application.

$\frac{1}{4}$  lb. bottle, retail, 35 cents;  $\frac{1}{2}$  lb. bottle, retail, 50 cents; 1 lb. bottle, retail, 75 cents.

SOLD BY LEADING DRUGGISTS.

Laboratory, 10 West Fourth Street, New York.

⚡ Mention this Paper.

Prepared only by  
*Charles Marchand*



# DISEASES OF THE URIC ACID DIATHESIS. LAMBERT'S LITHIATED HYDRANGEA.

## KIDNEY ALTERATIVE—ANTI-LITHIC.

**FORMULA**—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of **FRESH HYDRANGEA** and three grains of **CHEMICALLY PURE Benzo-Salicylate of Lithia**. Prepared by our improved process of osmosis, it is **INVARIABLY OF DEFINITE and UNIFORM** therapeutic strength, and hence can be depended upon in clinical practice.

**DOSE**—One or two teaspoonfuls four times a day (preferably between meals).

**Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hæmaturia, Albuminuria, and Vesical Irritations Generally.**

*We have prepared for the convenience of Physicians Dietetic Notes, suggesting the articles of food to be allowed or prohibited in several of these diseases.*

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilations of case reports and clinical observations, bearing upon the treatment of this class of diseases.

**LAMBERT PHARMACAL COMPANY,**

314 N. Main Street, Saint Louis.

## RHEUMATISM.

**DIETETIC NOTE.**—A fruit and vegetable diet is most favorable for patients with chronic rheumatic troubles.

*Allowed.*—Beef and mutton in moderation with horse-radish as a relish; fish and eggs, green vegetables and fruit, especially lemons. The skimmed milk diet has been advocated by some authors.

*Avoid*—Starchy and saccharine food; all malt liquors, wines and coffee.

**JOSEPH ZENTMAYER,**  
MANUFACTURING OPTICIAN,  
209 SOUTH ELEVENTH STREET,  
PHILADELPHIA.



Microscopes,  
Microscopic Accessories,  
Mounting Material.

Send for one of our new

## NOSE PIECES.

It is the favorite among microscopists. We are sending them to all parts of the world. The objectives can be put in box with ring on.

Price, 2 Rings, . . . \$3.00.



**Our Modified ABBE CONDENSER and NEW RYDER MICROTOME**

Are meeting with the same success. Send for Catalogue.

# REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

BY EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Phila., Pa.

*(Continued from page 264.)*

- PULSATILLA.**—Soreness in chest ; under clavicles. Pain in chest as if ulcerated. Stitches in side only when lying, particularly at night. Sticking in chest, worse from deep breath, or coughing.
- RANUNCULUS BULB.**—Stitches in chest. Small, sore spot, as from subcutaneous ulceration. (After pneumonia.)
- RHODODENDRON.**—Shooting through left chest to back, when bending back and to the right.
- RHUS TOXICODENDRON.**—Stitches in chest, worse when at rest, and while sneezing and breathing ; also when sitting crooked. Pneumonia ; with typhoid symptoms, often from re-absorption of pus ; also with tearing cough and restlessness, because quiet makes pain and dyspnœa worse.
- RUMEX CRISPUS.**—Aching over anterior portion of both lungs. Burning-sticking or burning-stinging pain in left chest near heart ; worse from deep breathing and lying down in bed at night. (Rheumatism). Burning, shooting pain in right chest. Sharp pain near left axilla. Soreness behind stomach when breathing.
- RUTA GRAV.**—Gnawing pain in chest.
- SABADILLA.**—Pain and oppression in chest during apyrexia. Stitches in side of chest, especially when inspiring or coughing.
- SABINA.**—Pressing pains in chest.
- SANGUINARIA CAN.**—Sharp piercing midway between sternum and right nipple. Pain in right chest to shoulder, can only with difficulty place hand on top of head. Stitches on lower part of left breast to shoulder. Cramps in chest. Burning in chest ; also stitching ; he lies on the back ; sputum is tough, rust-colored and difficult ; pulse quick and small ; face and limbs cold, or hands and feet burning hot, and cheeks circumscribed red and burning, worse in afternoon. Extreme dyspnœa. (Pneumonia.)
- SARSAPARILLA.**—Stitches from back through to chest with every motion.
- SECALE CORN.**—Cramp in the chest. Spasmodic shocks, from right half of chest into right arm and into right leg. Pain over nearly all the front of chest, worse from coughing and motion.
- SEPIA.**—Stitch in left side of chest and scapula, when breathing or coughing. Sensation of soreness in middle of chest.
- SILICA.**—Lungs feel sore. Stitches in chest and sides through to back. Excruciating deep-seated pains in chest. Pain under sternum.
- SPIGELIA.**—Stitches in chest, worse from least movement, or when breathing. Sensation of tearing in chest.
- SPONGIA.**—Burning, soreness, rawness, with heaviness in chest. Constrictive spasmodic pain through chest and larynx. Stitches in both sides of chest.

- SQUILLA.**—Stitches in chest, especially when inhaling and coughing ; in sides of chest (Pleurisy). Pains in chest are worse in morning.
- STANNUM.**—Stitches in left side of chest, when breathing or lying on that side. Great sore feeling in chest.
- STAPHISAGRIA.**—Soreness and rawness in chest, especially when coughing.
- STRAMONIUM.**—Pain in chest, cough and other peri-pneumonic symptoms during recovery from meningitis.
- SULPHUR.**—Stitches through chest, extending to left scapula ; worse lying on back or during least motion. Pain as if chest would fly to pieces, when coughing or drawing a deep breath. Pain in chest from overlifting, or after inflammation of lungs.
- SULPHURIC ACID.**—Stitches in chest ; about heart. Shooting, stinging, now in scapula, again in armpit, or in chest.
- TARAXACUM.**—Stitches in chest. Boring, digging in chest.
- THERIDON CUR.**—Violent stitches up high in chest beneath left shoulder through into throat.
- THUYA.**—Stitches in chest from drinking anything cold.
- USTILAGO.**—Sharp tearing in left side from top of chest down to sixth or seventh rib, aggravated by breathing.
- VALERIANA.**—Frequent jerks and stitches in chest, with sensation as if something pressed out ; worse in lower part of chest.
- VERATRUM ALB.**—Stitches in sides of chest.
- ZINCUM MET.**—Pain in chest, as if cut to pieces, with constrictive sensations. Stitches in left chest and heart, at every beat.
- ZINGIBER.**—Stitches through chest, pains in chest, pleuritic. Stinging pains after motion, also stinging pressing in region of heart.

### CHARACTER OF PAIN.

**LANCINATIONS.**—Aconite.

**LANCINATING.**—Oxalic Acid.

**PIERCING.**—Iodium, Millefolium, Natrum sulph.

**STITCHING (or Stitches).**—Aconite, *Æsculus hip.*, Agaricus, Ailantus, Alumina, Ammonium carb., Ammonium mur., Anacardium, Apis, Arnica, Arsenicum, Asafoetida, Aurum, Belladonna, Benzoic acid, Berberis, Borax, Bovista, Bromium, Bryonia, Caladium seq., Calcareo ost., Camphora, Cannabis ind., Cantharis, Carbo ani., Causticum, Cepa, Chamomilla, Chelidonium, Cina, Cinchona, Clematis, Colchic, Colocynthis, Conium, Crocus sat., Croton tig., Cyclamen, Drosera, Dulcamara, Guajacum, Hamamelis, Hyoscyamus, Ignatia, Jacea, Kali carb., Kali Jod., Kobaltum, Kreosotum, Lachesis, Lachnantes tinct., Ledum, Lycopodium, Manganum acet., Mercurius, Mercurius cor., Mercurius jode flav., Mezereum, Muriatic acid, Natrum carb., Natrum mur., Natrum sulph., Nitric acid, Nitrum, Oleander, Paris quad., Phosphorus, Plumbum, Pulsatilla, Ranunculus bulb., Rhus tox., Sabadilla, Sanguinaria can., Sarsaparilla, Sepia, Spigelia, Squilla, Stannum, Sulphuric acid, Taraxacum, Theridon, Thuja, Zincum, Zingiber.

———jerking—Agaricus.

———and aching—Ailantus.

———shooting—Alumina.

THE  
AMERICAN HOMŒOPATHIST.

VOL. XVI. NEW YORK, SEPTEMBER 1, 1890. No. 9.

FRANK KRAFT, M.D., EDITOR.

---

COWPERTHWAITES Press Reporter for the Institute was ignored, practically, and suffered to fall to the ground, not, we believe from any displeasure on the part of the Institute, but simply because the members had not fully considered the matter; in short, the membership was not ripe for so radical a departure from that good-old-times doctrine, to-wit, that the secular press is an inconsiderable affair, to be tolerated but not encouraged. Since Cowperthwaite's recommendation, however, it is a noteworthy fact that each succeeding Institute session has witnessed a little heavier leaning toward the daily paper reports on the part of its members, until now the Press Reporter, as an accredited official of the Institute, is like to become a recognized and permanent fixture with duties, responsibilities, honors, and salary. A few more repetitions of the Waukesha reports (?) with its Chicago doctor's pictures,—and none other,—with chatty "hog-wash" descriptions of half a dozen prominent members, the dresses and coiffures of the ladies, a long "puff" of the hotel, and the baldest, most insignificant report of the proceedings, will convince even the most even-paced but conservative of members, that it is high time to take steps to have the *proceedings* advertised as well as the Chicago doctors and the hotel. The press to-day is the history of the world. Time was, and not so very long since, when the published and bound Transactions of a deliberative body were cherished and read, annotated and excerpted. But who, to-day, reads the bound volumes of the *Congressional Record*; who reads the Transactions of the American Institute of Homœopathy, or of any other large body of men and women, except to see if his own article is carefully embalmed, and all his titles, honorary and earnest, properly displayed? They are, indeed, back numbers. A society with twelve hundred members drawn from every estate in life, with an organization older than any other in our land, with PROGRESS written in imperishable luster on its forehead, patiently plowing along in the furrow our forefathers turned, is truly a remarkable anomaly.

\*  
\* \*

THE Press Reporter,—or, give him any other less secular sounding title which fancy may suggest,—is become an absolute necessity of the Institute, as it is of every other progressive nineteenth century society. It will not do to add a blue pencil and a "blacking-out" rubber stamp to the other multifarious duties of the General Secretary, and require him to hold the ear of such secular press reporter as may

be detailed to see what that "little-pill convention is doing to-day," and *tell* him what is salient, and what rubbish. The General Secretary is busy every minute during the sitting of the Institute, in session and out; and even assuming, what is happily true, that this officer is competent and willing to attend to the press, were his other duties less numerous and exacting, time or caprice will ultimately supplant him, and, perhaps, with some one not so caparisoned: then, what? The Institute has valiantly and successfully met every issue thus far presented—and some of these threatened to annihilate it; why then hesitate on this the most important of the day? The corps of Stenographers—which was a long step to the front—brings the Institute directly to the desks of *our* members; but that is not enough; *our* members do not, we sincerely hope, need to be convinced of the Institute's worth, or of our power and influence as a school of medicine. It is the PEOPLE, on whom we rely for our maintenance and support, who must be educated, and be made to understand the value of Homœopathy. Educate the people. But, how? By carrying the war into Africa; by putting our work as an Institute on their breakfast tables, into their libraries, reading rooms, and places of assembly. The published and bound volumes of our Transactions subserve an excellent purpose—the education of our membership if they will read them; but it is the newspaper which will build us up so firmly that all the bluster and brag of the reigning school will avail as naught.

\* \* \*

**H**IS duties? The preparation of intelligent, popular (*not* technical) reports of the proceedings and papers presented day by day; a supervision and absolute control of the press reportorial system, and custodian of all the papers presented until the gavel falls in final adjournment, when he shall account for every paper to the General Secretary. His salary? Not less than \$150 for the session. He might also be empowered with the minor duty of distributing the bureau reports and papers presented (the duplicates, rather) in an even-handed impartial way among *all* the homœopathic journals who may care for them, irrespective of their subscription list, the number of pages specially advertised for a special number, or their proximity to or remoteness from the office of the Publication Committee. Think of the World's Homœopathic Convention assembling at Atlantic City—twenty-five miles from a lemon, as Gail Hamilton has said—Philadelphia, the nearest newsdepot, under the stimulus of an enterprising secretary, sending a non-medical reporter to the beach a certain number of hours each session, picking up in his coarse drag-net a column or more of insignificant chatter or glittering generalities from some of the papers, but sure to catch on to every little bit of sensational episode or speech—the very things it would be most desirable *not* to publish; publishing these with elaborate "scare-heads" and catchy subheads, which may attract the attention of the general reader only to be ignored or treated as mild burlesque. There is no implication in these remarks that it will be necessary to "cook" the reports for the press. There is so much of intrinsic value in every session that could be and should be truthfully reported in popular language, that the wrangles and disputations, inevitable in every deliberative body, would cease to be attractive even to a sensation-mongering reporter. There are a dozen

men in the Institute to-day, any one of whom would fill this office with dignity, skill, and success. Which one of our future Presidents will finish the structure of which Cowperthwaite laid the corner-stone?

\*  
\* \*

THE teaching of the Organon in our homœopathic colleges was one of the recommendations of President O. S. Runnels to the American Institute of Homœopathy, and a resolution to that effect was subsequently grafted upon the Transactions and has become an order. How many colleges in pursuance of this recommendation and resolution have introduced into their curriculum the study of the Organon? Quite a number, say you? Good so far. How many, will you say, are searching the Organon as it is written and published, in its purity and simplicity, not in an emasculated condition—one sentence of the Organon, to three hundred of the lecturer apologizing for the one sentence, and adroitly wresting the meaning from the Organon. How many professors teach the dynamis theory as Hahnemann taught it and practiced it? Is the Organon simply a text-book on the duties of the physician; a code of ethics, with the formula for the preparation of homœopathic medication added; and all else—everything that savors of originality, that gives us the very latest utterances from the experiences of this Great Man, who gave us our name—omitted *in toto*, or explained away? There is no Organon but the Organon! Let the Organon be taught, not apologized for! Much learning hath made thee scientific.

\*  
\* \*

IN RE the election of officers for the American Institute of Homœopathy, the May, 1890, issue of the *New England Medical Gazette* makes the editorial suggestion that a species of Australian system be introduced, giving the success of the Massachusetts Homœopathic Medical Society, as an instance in point. The difficulty in the way is, as we formerly contended, that the few who do the talking on the floor, who wield the real political influence, will never consent to such abrogation of their ancient privileges. The wily politician never sleeps or goes fishing. He is always on hand; while the voter who is disposed to be honest, but is really indifferent, takes his gun, or his silver-plated fishing tackle, and absents himself from the meetings, except such particular one as he may be interested in, and the election time. If this indifferent doctor could be brought to a realizing sense of his duty to the Institute, there would be no need for wily politicians and of course, any, even the most primitive of election would be sufficient. But with the Institute sessions cast in watering places, where the charms of surroundings dull his little sense of obligation to his profession, where the temptation to dwell in *dolce far niente* is so almost irresistible, there is no hope that any system of election will really bring to the front the most worthy candidates. We hasten to add that thus far the Institute has been singularly fortunate in the selection of its pilots; but that this immunity from bad or designing men, men who are not really homœopathic, except in so far as it is conducive to their financial increment, that this immunity will continue indefinitely, a consummation devoutly to be wished; but with the present go-as-you-please policy of the Institute, who can foretell what manner of man may be inducted into the

presidential chair, or what policy he may inaugurate to lower the standard of Homœopathy, and in one brief twelvemonth do such injury to our cherished cause as to handicap us for years to come? We know what a certain journal has done for us in its intemperate zeal for Progress and Science; we know not what some president of the Institute may do for us in the name of Science and Progress. We are champion of any system of election that will bring to the front the choice of the convention and not always the political or caucus candidate. The *New England Medical Gazette* has presented the most feasible scheme, viewing the field from all points, and we trust its recommendations may prevail.

---

### THE OPEN COURT.

---

—It is with feelings akin to pride that we view the celerity with which our brother Foulon has profited by the good advice of his brother editors. He hits back a little hard, and his remarks anent the *Southern Journal of Homœopathy* are rather "binding"; but the points are well taken. Personal journalism is altogether out of place in so dispassionate a journal as a medical journal is or should be. Necessarily there are exceptions to the rule; but the fact under consideration is no exception. We also took the liberty of commenting on the no-editorial plea advanced by Dr. Foulon; still we had no occasion to make a personal reflection on the writer. The recent issue of the *Clinical Reporter* contains four and a half pages of Editorial Notes, all whereof—with one exception (now don't look to see which one is excepted)—were good, and creditable not alone to the beginner (?) in editorial writing, but to an old hand. Glad you are open to suggestions, brother. The way to edit a journal is to edit it. Let the other fellows fill up 110 pages each month with "solid" stuff, and call attention to it with a red line along the gums of the title-page: sometimes a doctor is not so busy three or four hours in a day but what he can "wade" through the 110. What the busy doctor wants to-day, like the busy merchant, is the news of his profession compressed within the space of two or three "sticks," which he can assimilate instantly. The "blanket" and "encyclopedic" editorial has altogether disappeared from the daily paper, and is rapidly dropping out of specialty journalism. Quality not quantity, brethren of the medical quill, is the great desideratum of homœopathic journalism as of homœopathic medication. And Bro. Gatchell stands at the head for having inaugurated this departure.

—Perhaps as pitiful an exhibition of "hysterics" as was ever witnessed in a professedly learned, dispassionate, kindly body of men, was that episode in the recent gathering of the I. H. A., when Dr. H. C.

Allen moved to have expunged from the forthcoming Transactions the elegant term "mongrel." We quote from the *Clinical Reporter* :

Dr. H. C. Allen, of the *Advance*, moved that in the Transactions, the word "mongrel" should be expunged, and, in answer to Dr. Hawley's inquiry as to why of his motion, explained that the word was offensive, and urged that "more flies could be caught with sugar than with vinegar"; whereupon one Dr. Thomson remarked: "We are not here to catch flies nor to hold a candle to the devil. We have a mission, which is to proclaim the truth regardless of results." The discussion then dropped, and, in consequence, the elegant word "mongrel" will doubtless appear in the Transactions of the I. H. A.

Insults never prove anything but the lack of manners of those who resort to them, and offensive names may not only irritate opponents, but disgust friends. For one set of men to call another "mongrels" and for the latter to retort by sneering "Hahneman-iacs," is a strange way, forsooth, of "proclaiming the truth," and a pretty sure way of causing sensible people to turn away in disgust from the proclamation because of the unpleasant character of the proclaimer. Had these expressions been made use of only in the heat of debate, among and between the faithful of the I. H. A. conventicle, the matter might have been overlooked. Dr. Allen's motion, however, brought the matter fairly up for determination, and the refusal to take action upon it, the failure (if we read the report aright) of the motion to receive a second, puts the Association in question on record as believing that to call others "mongrels" is its mission.

This seems to cover the ground so well that there is but little to add. We have been informed that the Association is prosperous, out of debt, and a long and bright future ahead. We are proud of its president,—as good a homœopath and as genial a gentleman as ever presided over any deliberative body,—Dr. C. W. Butler; but we regret to note this extreme narrowness. In this connection we would invite their attention to the article of Dr. Dudgeon in *The Homœopathic World*, "How Hahnemann Cured."

—The Editor of the *Medical Current*, Dr. E. F. Storke, is "doing" the South, sending back home his impressions of men and things. A pleasing characteristic of these impressions is their informality—the absence of "shop" talk, and the sprightly and charming manner of their serving. Would that it were possible to get that other Innocent Abroad—Dowling—to send back home his impressions of men and things, as far as he has got. How he will glow and effervesce with health and jolly spirits, when next a mourning Institute listens to the snore-ousness, so to speak, of his unfathomable reach of voice! Does vegetarian regimen invariably result so happily, or is it because—but we were talking of Storke. This genial gentleman has issued the August number of his journal, either directly or by proxy, but whoever it is astride of the editorial Pegasus has issued a wonderfully fine number, a decided improvement on former issues.



## CLINICAL NOTES.

By E. G. GRAHN, M.D.

*Magnesium Phos.*—My first experience with this remedy dates back six years or more. This case was a lady who had passed the middle age. She was a sufferer from chronic rheumatism, and at the time I was called was prostrated with an acute attack of the same disease—a thing that occurred quite frequently. The pains were in both knees and of that sharp character for which magn. phos. had been so often used. Heat, dry or moist, relieved these pains somewhat. So I made up my mind to try the to me new remedy. Following the recommendations of the advocates of Schuessler's method, I gave the magn. phos. in alternation with ferrum phos. Left two doses of each remedy, a dose to be given half-hourly, and to begin with the magnesium. The first dose brought partial relief, and by the time the second dose of magnesium was taken the pains were so nearly gone that the patient felt quite comfortable. A few more doses next day was all that was needed. I relieved her in this way, twice within a year's time.

The husband, while in the army, had been shot through the chest. Although this wound healed, he suffered from repeated attacks of supuration in the right chest, since that time. These attacks usually followed severe exposure. During one of them, while there was excruciating pain, I gave him the same treatment, with the result that the pains became milder at once. One of the old doctors had at various times given him large doses of morphia, with hardly as good results, for the same trouble. In these cases I alternated the two remedies, and I was at a loss to know which did the most toward relieving the pains, yet in both the magnesium was taken first and was in a short time followed by some relief.

After that I gave the magn. phos. alone to a lady of middle age, for sharp neuralgic pains in the splenic region. A powder of the 3d was put into half a glass of water, teaspoonful fifteen to thirty minutes. Relief followed after a few doses. This patient relieved herself a number of times of pains in various organs—head, chest, bowels, and once I think in the ovaries—with this remedy.

A lady, who for a severe head pain had taken old-school remedies, was relieved quickly with magn. phos., the sharpness of the pains governing the selection.

I was called at midnight to a married lady, of probably thirty years. This was the fifth time that she had suffered excruciating pains through the abdomen and pelvis, at about the time when the menses should appear. She had with mustard applications and other domestic remedies mitigated the pains in the other attacks, but could not reach this one, which was so severe that the family expected her to die in agony.

Seeing what had been used, I at once gave a dose of nux., and called for some clean hot water, and in a short time gave her a dose of magn. phos. in a swallow of this water, and repeated the doses every fifteen minutes. After a few doses she said she felt easier, and in an hour was comfortable, with the exception of a pain under the liver well around the right side of the body. Learning that she had been suffering from liver disturbance also, I gave her a single dose of bryonia, and in fifteen minutes she was entirely free from pain. She took, through the night, a few more doses of bryonia, and has not since then had any more similar trouble.

I could give quite a number of cases where the remedy was used alone with good results. When the pains are relieved by hot applications, I always think of magn. phos. I use it in the 3d and 6th triturations.

*Lycopodium*.—Mr. H., aged sixty years, sent for me to give him relief from pains due to an old hernia. He expected me to advise a different kind of truss or some other similar measure. I discovered that he had for some time been constipated; loss of appetite, impaired digestion, bloated in the afternoon, not a very free flow of urine, were other symptoms I learned of by questions. This seemed to point to lycopodium, which was given in the 3d. A few doses hourly soon changed the bloated condition and made the hernia itself feel comfortable. A few days' use of the remedy proved to be sufficient to correct all the symptoms.

*Spigelia*.—This remedy in the 3d dilution, and several times higher, I have used quite a number of times in cases with the loud, almost audible heart beat, followed perhaps by excessive weakness of the heart's beating, and again by violent palpitation. When any of these symptoms existed in persons having functional heart trouble, the action of the remedy was quite certain and prompt.

*Rhododendron*.—I have been able only once to use this remedy successfully. The case was a young married man, who previous to marriage had been unfortunate enough to contract gonorrhœa, for which he had received from some regular physician the usual treatment. He complained to me that he had drawing pains from the testicles into abdomen and thighs. There was contusive pain in the testicles; they were painful to the touch, somewhat swollen, and one rather indurated. The trouble was *always worse in wet and stormy weather*. I gave him a drachm vial of pellets of the above remedy in the 3d, with directions to take a few, four or five times daily. Early relief and a cessation of the trouble was the result.

NORTH VERNON, IND.

## GOOD AND BAD SIGHT. \*

By O. A. PALMER, M.D.

**I** BELIEVE that man received from the Creator perfect sight, but through his transgressions it has become imperfect, and subject to various diseases. There are defects in the eye that are termed "optical" which are of interest to all. The eye is a camera, subject to the ordinary laws of light; it may be perfectly sound and still vision be not perfect. This is caused by the rays of light not being accurately focused upon the retina. The rays of light may be focused in front of it, as in myopia, or back of it as in hypermetropia.

There is perfect vision when the parallel rays of light that come from an object twenty feet away from the observer are focused sharply upon the retina. In this condition the eye is adjusted for distant objects and all of its parts are at rest. The cornea, aqueous humor, crystalline lens and vitreous humor are refractive media, and when taken together act as a bi-convex lens, causing the parallel rays of light to be brought to an exact focus upon the retina.

If we wish to see near objects the eye must change to some extent, and the lens become more convex.

The eye possesses the power to adjust itself for various distances. This power is termed accommodation.

When the ciliary muscle contracts, the lens has the power to become more convex, mostly on the anterior surface, causing it to have a shorter focus and a greater magnifying power. This is an involuntary act; that is, not under the control of the will. Children with healthy eyes have good accommodation, but it diminishes as they grow older, so that at forty or fifty it will be very difficult to accommodate for fine objects at a near point. In order to see well they find it necessary to hold everything away from the eyes a greater distance than they have been in the habit of doing. This condition of the eye is termed presbyopia or old sight.

From what has been stated we have learned that divergent rays of light coming from a near object are brought to a focus on the retina by increasing the convexity of the lens.

When the substance of the lens is soft, this can be more readily accomplished than when the lens becomes denser, as it does in advanced life.

Now it can be readily understood why it is, when the lens become hard, so that it is not able to increase its convexity, that objects near to the eye cannot be seen. If we hold the object the proper distance away from the eye, so that the rays of light are not as divergent,

---

\* Ohio Hom. Med. Soc.

the lens will have convexity sufficient to focus the rays on the retina.

It has been stated by high authority that presbyopia has commenced as soon as the near point is further than eight inches from the eye. This statement is of no practical value.

Presbyopia has commenced when the person finds that he can no longer use his eyes with ease for near work at the distance which he has always used them.

The first symptom of old sight is usually that the person cannot see to read fine print by artificial light. Soon there will be noticed a sense of strain in using the eyes for near work. This straining sensation is caused by the over-exertion of the ciliary muscle to produce the required amount of convexity in the crystalline lens.

Some people believe that this discomfort should be borne as long as possible, and that the eyes are weakened if anything is done to relieve the strain.

We find the reverse of this is true, and that presbyopia will increase more rapidly when glasses are not worn than when the proper correcting lenses are used. In obtaining glasses for the presbyopic condition it is best to choose the glass which makes ordinary print plain at the usual reading distance of the patient. Every glass should be accurately fitted to the eye, so that they will not prove a source of danger to it.

It is unwise to contest with age, and I think we would be acting the part of wisdom to yield gracefully. Then when it is no longer possible to read with perfect comfort without glasses their use should be commenced.

Hypermetropia, or long sight, is caused by the eye being too flat, that is, the eyeball is not long enough from the front to the back portion. On account of this flatness of the eye the rays of light do not focus on the retina, but some distance back of it.

This condition should not be confounded with presbyopia, which, as we have learned, affects the near point of distinct vision, causing it to be removed further from the eye, while in hypermetropia both the near and far points are involved, so that there can be no distinct vision at any distance without more or less strain upon the eyes. This strain on the ciliary muscles is so great that a condition of weak eyes is frequently developed. This condition is often seen in young persons.

Whenever they read, write, or do fine work, the vision is at first perfectly clear; but soon, if they are reading, the letters begin to run together and the sight becomes dim, making it necessary to stop work for a while until the eyes regain their strength.

If the eyes are constantly used, a feeling of aching will be felt across the brows, which will be frequently followed by a severe head-

ache. Sometimes the eyes become quite red, nausea and vomiting come on, and the patient is considered very sick.

The condition of the nervous system should be noticed in all cases of hypermetropia. Children or adults with an irritable and weak nervous system cannot endure even a small amount of this trouble without great suffering. Some months ago I saw a marked case of this kind. A number of distinguished physicians in the East said that he was suffering with a serious disease of the whole nervous system. His eyes troubled him very much, especially if he read any length of time. His vision was perfectly clear at first, but after he had read a few minutes, his eyes would become blurred, misty, and sometimes vision would be gone entirely for a few moments. The nervous disease became very much better soon after he commenced the use of the proper glasses.

Nearly one-half of the children of this country have hypermetropia ; 523 school children out of 890 were found hypermetropic. Some of these children are considered dull and very poor students.

Parents are sometimes quite severe with their children because they do not study better and keep up with their class. I have seen children that were obliged to quit school on account of the headache, fatigue, irritability, and mental confusion that would come on after studying for a while. Many of these children never get an education because "going to school does not agree with them." The majority of these children can go to school and keep up with any class if their hypermetropia is properly treated. The use of the correct convex glass is the remedy for this trouble. By using these glasses, the parallel rays of light will be made converging before they enter the eye, so that the muscle of accommodation is relieved of its extra work, and the focus is brought forward on the retina, which gives natural and easy vision.

Myopia or short sight is caused by the eyeball being too long from front to back, so that the rays of light come to a focus before reaching the retina, or some distance in front of it.

The posterior portion of the eye is pushed too far away from the anterior, so that there is an elongation of the axis of the organ. In some cases the eye, instead of being round, becomes egg-shaped. This trouble is one of the results of advancing civilization, and is seen more frequently in old countries than new. It is seen more among students and literary people than among laboring persons.

Myopia is very prevalent in Germany, and it is impossible to fill the rank of the army with men who can get along without using glasses. It is not often observed among farmers and seamen. I am informed by a responsible party that Indians are never short-sighted. In most cases, there is thought to be an hereditary tendency to short sight. It may originate from abuse of the eyes, and be increased by close

work. That it is transmitted from parent to child is shown by its greater prevalence among those that use their eyes constantly.

During childhood, when the eyes are growing and the tissues are changing, short sight will increase to some extent, even with best of care. We find a large amount of myopia developed in the schools. Dr. Cohn, of Breslau, examined the eyes of more than ten thousand school-children, and found the percentage of short sight increasing from year to year. The following shows the average increase per cent. in each department :

Elementary schools, 6.7 per cent.; intermediate school, 10.3 per cent.; high school, 19.7 per cent.

We find the same thing in this country, and it is time some active measures were taken to prevent the sight of the American youth from being lost to such a large extent. But few schoolhouses are properly constructed to save the sight. Dr. Wells says : "There can be no doubt that the degree of myopia is often greatly increased during childhood by long-continued study, more especially by insufficient illumination, and faulty construction of the tables or desks at which the pupils read and write. An insufficient illumination necessitates a close approximation of the object, which gives rise to straining of the accommodation and congestion of the eyes. A faulty construction of the tables, or of the distance between the latter and the seats, is also injurious by forcing the children to stoop." Dr. Cohn said : "I could distinctly trace the increase in the proportion of the myopia according to the construction of the desks and the lighting of the school-rooms."

It is thought by some that short-sighted eyes are stronger than others, because they can see small objects very distinctly, and can read after middle age without glasses. This is an error. A myopic eye is almost always an unsound one. The real defect is a bulging backward of the sclerotic or outer coat of the eye, which yields more readily as it becomes thinner by stretching. Anything that causes an extra flow of blood into the eyeball will increase the pressure and force the weakened sclerotic further back. The stooping position that children are obliged to take, because of the faulty construction of the seats and desks in most of our schoolhouses, will cause an increased flow of blood into their eyes, and consequently an increase in their myopia. The choroid and retina are injured in following the sclerotic as it is forced backward. If the bulging backward of the sclerotic goes on rapidly, as it does in some cases, the retina will be detached from the choroid, and forced backward into the vitreous humor, where it can be seen in loose folds. Sight is now lost. This is the course of a rapidly progressive myopia. This can usually be avoided. Still it should be borne in mind as possible. Myopia, especially in a high degree, is a serious affliction, and requires careful and skillful treatment.

In this trouble parallel rays of light must be made divergent before they can be focused on the retina. By using the proper concave glass we can obtain the desired results. It is very necessary that a short-sighted person be accurately fitted, as much harm may be done by wearing the wrong glasses. It will be well to remember that myopia may cause the eye to turn out—strabismus divergens,—while hypermetropia will cause it, in some cases, to turn in—strabismus convergens.

When there is a want of uniformity in the curvature of the cornea astigmatism exists. The cornea may be too flat in the vertical meridian, or from the upper to the lower portion, so that the rays of light will focus back of the proper point, while from right to left it may be too bulging, causing the rays of light that pass through this portion to be focused in front of the retina. One portion of the cornea may be correct, and the other myopic or hypermetropic.

Asthenopia, or weak sight, is any condition in which the eyes cannot be used for a time without more or less pain, fatigue, or other bad symptoms. The eyes are unable to bear the strain of continued application to close work. Asthenopia may result from any of the optical defects that have been described above. In some cases the eye symptoms are very mild, in fact not noticed, but the strain is manifest by nausea, dizziness, headache, and general nervous irritability, which may excite some fears in regard to health in the future. Weak sight may come from bad general health, especially if it is of a nervous character. Now and then we see a case that the sensibility of the retina is easily exhausted, so that objects looked at for a short time seem to fade away. The muscles of accommodation may act painfully or irregularly, so as to not allow much use of the eyes.

WARREN, O.

---

---

### PULSATING AORTA.\*

By E. A. NEATBY, M.D.

**I**N the *British Medical Journal*, vol. ii., 1887, page 762, there appeared an interesting article under the above title. It describes some six cases where abnormal pulsation of abdominal aorta existed, there being no aneurismal condition and no hypertrophy or other cardiac condition to cause it.

**CASE I.**—C. B., æt. thirty-two, came to the out-patient department of this hospital on July 17, 1886. He had fallen, two months ago, against a carpenter's vice, and had since suffered from burning pain round the umbilicus. He got arnica 1x and recovered.

On Oct. 1, 1887, he came again with the same pain, and complaining

---

\* British Homœopathic Medical Society.

of such tenderness of abdomen that he could hardly bear his clothes. He has eructations of sour gas. On examination there is no manifest tenderness on pressure. He is losing flesh. The heart's action is feeble and there is a systolic aortic bruit. The abdominal aorta pulsates very forcibly and visibly. It feels like a well-defined hard tube coursing down the spine. There is a harsh systolic bruit over it. To have bry. 3x.

Oct. 15. Less pain and less flatulence. Repeat bryonia.

Oct. 22. Much better, still some pain. Much less aortic pulsation, still some bruit.

Nov. 19. Better; indeed, practically well. I have no note as to the aorta when he ceased attending the hospital, but if my memory serves me well, all abnormality had disappeared. The heart bruit persisted.

CASE II.—A. N., æt. thirty-one, came to this hospital on Nov. 26, 1887, complaining of accumulation of phlegm in throat, of sacral pain, worse on moving, and suffering from hæmorrhoids. His bowels were loose and he had atonic dyspepsia so-called.

On examining abdomen, very marked aortic pulsation was visible. The pulsation was not very violent on palpation, and the aorta did not feel hard like last patient's. No bruit over it. He had a right inguinal hernia; C. veg. 3x. On December 10, when examining his chest, the following peculiarities were noticed: Under the outer half of right clavicle a marked thrill was felt over the situation of the subclavian artery, and then distinct pulsation was noticed. After examining for a few seconds by palpation these signs disappeared. Slight pulsation could be seen on this side, but not more than under the left, where pulsation is felt even when it had disappeared from the right.

After the patient had been lying down for examination of abdomen the thrill returned. It was accompanied by a loud rasping bruit. Both thrill and bruit disappeared while the stethoscope was still in the same place. Occasionally altering the position of the arm would restore the bruit but not the thrill. No abnormal heart sounds. Aortic pulsation as before.

In his occupation he lifts heavy rolls of paper.

My next note says that the thrill comes and goes as last time, and when the thrill is present a harsh rasping bruit is heard.

The patient himself was quite unconscious of any of these conditions. The last note bearing on this part of the case states that the pulsation and bruit were less marked. He had taken æscul., sulph., nux vomica, calcarea, and arsenic as indicated symptomatically. I have no explanation to offer of the nature or course of these apparently capricious phenomena.

I have observed several other cases of "pulsating aorta," sometimes accompanied with abdominal pain, sometimes without, sometimes with cardiac disease and sometimes without. Sometimes there is tenderness



on pressure, and sometimes not. I have not yet learned what significance to attach to this condition. Of course it will be understood that I am referring to a class of cases where the pulsation is distinctly in excess of the normal, and not to be accounted for by laxness of abdominal parietes or by an emaciated condition. It is usually distinctly and readily visible.

CASE III.—*Phantom tumor*.—My next case, that of the wife of the preceding, though of importance, from a different reason presented curiously enough the same condition of pulsating aorta. In her case there was a thrill on deep pressure.

J. N., æt. thirty-one, came on December 3, 1887, complaining of pain just below lowest left rib in the axillary lines. The pain she described as burning like hot knives. It comes on about once in every three or four weeks (generally on Saturday night or Sunday morning) almost always at the monthly period. It lasts a week, and then goes away entirely. When the pain is severe she generally vomits, and it makes her back bad. The bowels are regular, and menstruation is scanty, and the discharge dark in color. Whenever she has the pain severely she notices a "lump" in the side. On examination of the abdomen there was found, to the left side of median line, a tumor the size of a foetal head, most prominent at the level of the umbilicus. It is hard, easily movable between the hands, extending to the loins, is tense and doubtfully fluctuating. It is dull on percussion. There is no urinary difficulty.

When she next came there was no tumor of any kind to be felt. She continued under my care, on and off, for nearly a year, but got no benefit to her attacks of pain. Dr. Moir was kind enough to take her under his care for a few days at the hospital. He can corroborate, and perhaps amplify, my description of the case. The curious part—indeed the feature to me hitherto unexplained—is that when fully anæsthetized by chloroform in the hospital the tumor did not disappear or lessen. By the next day it had entirely disappeared. The state of the urine threw no light upon the subject.

---

---

## WHERE ARE THE HOMŒOPATHIC PHYSICIANS?

By ROBERT BOOCOCK, M.D.

"CAN you tell me where I can find a homœopathic physician?" was very recently asked by a stranger in a large city (and in a neighborhood where many of that school resided). I cannot find one. There are plenty of doctors, but not a homœopathic physician. Why is this so? When this true healing law was in its infancy and its practitioners were few, and it was a hard task for them to be brave and hold true to

*mixed*), containing all those symptoms which the required single remedy possessed. Are all remedies known to us at the present time? Far from it. Therefore it is more than likely that in many cases two or more remedies are required for a cure.

Two questions are yet to be considered : First, shall we never give two medicines in alternation, but always wait with the second medicine until we have derived all the benefit we can expect from the first one? Second, is there not a reasonable fear that, in alternating, the one remedy interferes with the other, perhaps antagonizes it?

Our answer is, as to the first question : From the moment we are convinced that we can't find one remedy covering all the leading symptoms, we are in duty bound to cure our patient in the shortest time by bringing the second remedy to bear upon the symptoms which the first cannot remove, at the same time that the first is put to work. If we do not, the symptoms not acted upon will not only remain, but become greatly aggravated and intensified, not to say the patient's life may perhaps be destroyed before the first remedy has had time to fully remove the symptoms which it was to cure.

One rule, however, we must not forget,—viz. never to alternate for such symptoms as may be due to a reflex action and though not a proper symptom of the medicine, may be removed by it, simply by removing the cause of that reflex action. If the minority of the symptoms (for which the second remedy is given) are slight, not well defined, not alarming, not very painful, etc., it will be better not to alternate. For the administration of the first remedy may develop entirely new symptoms, formerly latent, and plainly indicate a remedy different from the one we intended to give in alternation. Our patiently waiting, instead of alternating, was thus a benefit for our patient.

The second question, we answer by saying : " This fear is unfounded. *Medicines, in proper dilution, and in homœopathic doses given in alternation cannot interfere with each other*, for these two reasons : (a) A medicine in homœopathic doses acts only on a diseased organ, and even then only in its own peculiar way. (b) The medicine is so quickly absorbed and sent on its way in the system, that the least space of time is sufficient to prevent the second remedy to overtake it and antagonize it (if it *could* do so).

If we don't accept this as truth, viz. if a remedy (homœopathically administered) could act upon a healthy organ, why is it, then, that when administering *rus. tox.* for instance, for rheumatism in the left leg, our patient is not afflicted the next day with " incontinence of urine ; inflammation of the eyes ; erysipelas ; vesicular eruption " ; and the host of other complaints which that medicine is capable of producing and curing? If *pulsatilla* is given for its peculiar conjunctivitis, or otalgia, why don't we find the next day our patient suffering from

orchitis, a loose cough, gastric pains, etc., etc? Because, you say, it does not affect a healthy organ (unless used as a proving). And so it cannot affect a diseased organ unless that organ be in the same way affected as the medicine is capable of doing. Constipation is a symptom just as diarrhœa is, but in a different direction. *Ipec.* has diarrhœa and not constipation. Do we hesitate to prescribe *ipec.* whenever indicated for nausea, etc., to a patient who is very costive? Are we afraid that it will affect the rectum, or other organ which is diseased, and the cause of the constipation? Not at all. Because the medicine will not affect in that case even the diseased organ, inasmuch as the medicine is only capable of acting on the organ in its own way.

There are, it is believed, a few medicines which are so directly opposite to each other in their symptoms, that they are considered to be *incompatible*. It is safer not to prescribe them in alternation. With the exception of these, alternation of remedies can't do any harm and may do a great deal of good; consequently, when necessity arises we are in duty bound to make use of it.

It might be inferred from this article, that the writer's general practice is alternation. But such is not the case. A glance at his notebook shows that he prescribes at least 150 to 300 times the single remedy, against *once* two medicines in alternation. His rule is: try to cling to the single remedy; but in acute, very dangerous, very painful and complicated cases, do not hesitate to alternate, if in your judgment it is needed.

A word in conclusion. We only defend alternation of single remedies. *Mixing* two or more remedies together and prescribing this we do not advocate. We never have prescribed such mixtures and don't believe we ever will. There can never be any necessity for it, and may do harm. Wherefore then should we risk it? To endanger our success and reputation? or to be disappointed in our expectations or misled in deductions made from these negative results? Better leave that alone.

BROOKLYN, N. Y.

## SOME THOUGHTS ON THE FIRST VOLUME OF THE CHRONIC DISEASES.

No. 9.

By S. LILIENTHAL, M.D.

WE wish some of the philosophic minds of our school would explain more clearly to us poor benighted sinners what Hahnemann means, page 166: "Antipathic medicines seldom produce good effects after an exacerbation of old, constant pains, which disappear suddenly, as if by magic. *Some medicines produce effects and counter-effects.* In this case, after an exacerbation takes place, a second dose

of the same remedy will by its antipathic action produce a permanent improvement."

In all humility we acknowledge that we do not understand the case. I thought the 64th paragraph of the *Organon* might clear it up, for we read there of primary and of counter-effects, of primary and of curative effects. Disputes have raged for many a year about primary and secondary and even tertiary or curative symptoms, and whether a primary symptom or the secondary symptom needs a high or low dilution for its removal ; and still further, a man like Dunham tells us to care only for the totality of symptoms as they appear at our daily examination, without troubling ourselves whether they are primary or secondary ones. I trust that by the time Prof. Kent comes to this part of the *Organon* he will bring light into this darkness, for in theorizing, Hahnemann is never clear enough for common people.

That intercurrent acute diseases necessarily interrupt the antipsoric treatment of chronic affections is self-evident, and it frequently happens that the intermediate disease modifies the original chronic disease, necessitating anew a thorough examination on which the selection of the antipsoric will depend. Hahnemann feels convinced that epidemic and sporadic fevers, as well as miasmatic acute diseases, after having run their course, require antipsoric treatment in many cases. Sulphur takes front rank. We need not wonder at that when we consider how such grave diseases undermine the vital force, and we must aid by our antipsorics to recuperate the waning forces of life. Food, fresh air, and rest are great aids to the convalescent, but often we meet the needed stimulant in an antipsoric, which sets the ball in motion, the incubus is removed, and health restored.

*Recently developed symptoms of a case are the first to yield to the action of the antipsoric ; the older symptoms, which have permanently existed, disappear the last ;* of this number are the local symptoms, which only disappear after the general health has been restored. A golden rule, which holds good in acute as well as in chronic affections, and which we cannot too strongly recommend to the attention of the young physician ; for this he has a sure guide in the state of his patient and of the action of his remedy. As soon as we come to practical rules, Hahnemann may be taken as a safe guide, and we might therefore easily pass over his transcendental theories.

Here is another practical rule : "The patient sometimes desires his physician to cure him first of all of certain troublesome symptoms ; this cannot be done, though the ignorant patient may be excused for having made such a foolish request." But the doctor cannot be excused for acceding to such a foolish request, thinking palliation will have no ill effect, and certainly he thus gains the good-will of his patient and his family. Oh, the hypodermic Pravaz, loaded

with morphine! how many physicians are guilty of this abuse! Exception should be the rule, but with too many physicians it is the exception if they do not use it for every slight pain; it becomes a habit, a bad habit at best, and habits are very bad to eradicate. This abuse belongs to the laziness and levity against which Hahnemann raised his warning voice. Let us rather return to the first principles of homœopathy; examine every case by sight, hearing, and touch in its totality, and it will not be a Herculean task to dig out the suitable remedy from the underbrush which hides it from the eyes of the careless or lazy attendant.

SAN FRANCISCO, CAL.

---

### GLOBULES.

—Alcohol is not an uncommon cause of sterility by its degradation of the ovarian function.—*Dr. Matthews Duncan.*

—Exact abdominal diagnosis is an impossibility, and he who asserts to the contrary is either rash or inexperienced.—*Lawson Tait.*

—In London tomatoes are eaten for biliousness. In America a generation ago they were known as apples of Eden, and barred out of the menu as poisonous.

—When an elderly parous woman complains of slight metrorrhagia, or an increased menstrual flow, whether pain attends it or not, the possibility of cancer should not be forgotten.—*Medical Era.*

—Prof. Loissette's Memory System is creating greater interest than ever in all parts of the country, and persons wishing to improve their memory should send for his prospectus free as advertised in another column.

—The meddlesome application of obstetrical fingers in hurrying dilatation of a slow cervix or in forcibly pushing the neck over the occiput during a pain, is the most frequent cause of cervical lacerations.—*Prof. McDonald.*

—You will sometimes prescribe *natrium muriaticum* in weakness of the abdominal muscles favoring uterine displacements; also in weakness of the abdominal muscles from too much bandaging after labor.—*Prof. Allen.*

—Prof. J. C. Wood, Ann Arbor, was the honored guest of the British Homœopathic Society on June 26, 1890, and spoke to the value of the paper by Dr. Burford on "The Functions and Lesions of the Fallopian Tubes in the Light of Modern Gynæcology."

—I use *calcareo carb.* with great success in the treatment of girls who are sluggish, fat, and flabby, having light hair and blue eyes, who menstruate almost constantly, and in whom any little excitement like sudden surprises, bad news, etc., causes a return of the flow.—*Prof. Allen.*

—The Bureau of Nervous and Mental Diseases of the Ohio Homœopathic Medical Society for the current year consists of the following doctors : Frank Kraft, chairman ; J. D. Buck, T. G. Barnhill, E. H. Jewitt, R. B. Johnson, J. C. Sanders, K. B. Waite, H. W. Carter, R. A. Warren.

—Dr. A. Leight Monroe of Louisville, Ky., we notice from a recent publication of Pulte College, divides the chair of Materia Medica with Dr. Lounsbury. Dr. Monroe is an able and thorough physician and a fine speaker, and will grace the position with marked dignity and learning.

—The thirty-ninth Semi-annual Meeting of the Homœopathic Medical Society of the State of New York will be held at Brooklyn, Sept. 30 and Oct. 1, 1890. We look forward with much interest to this meeting, over which that sterling gentleman, scholar, and homœopath, Dillow, will preside.

—PARTNERSHIP NOTICE.—Our good friend Dr. H. P. Holmes, formerly of Sycamore, Illinois, has associated himself in business with Dr. Charles M. Dinsmoor of Omaha, Neb. Their joint office will be rooms 30 and 31, Douglas Block, corner Sixteenth and Dodge streets. Success to Dinsmoor & Holmes.

—In prescribing for leucorrhœa the character of the discharge is generally less important than the general symptoms, and those arising from the physical condition of the patient. The symptoms attending the menstrual flow and of the ovaries are of no little value in selecting the remedy.—*Dr. G. R. Southwick.*

—Dr. E. M. Hale of Chicago is referred to editorially by the *Daily Inter-Ocean* as "one of Chicago's best known and most highly respected physicians, who to wide experiences as a practitioner adds superior scientific attainments." How does that old saw run about a prophet in his own country, etc., etc.

—IMPRUDENT USE OF CARBOLIC ACID.—Prof. Billoth, Vienna, says : "The use of carbolic acid is more limited in surgery than before. It may not only cause inflammation and gangrene ; it may kill by blood poisoning. I dissuade most emphatically the application of it without the prescription of a physician."

—Causticum and kali carb. are two of our best drugs for uterine tonics in slow, tardy labors, where there is uterine inertia. The pains are feeble and inefficient, the patient is anæmic, weak, has a low temperature and slow, feeble pulse, and complaints of feeling tired. With kali carb. there may be in addition the sharp cutting pains.—*Prof. Allen.*

—Dr. E. M. Hale, Chairman of the Bureau of Materia Medica of the American Institute of Homœopathy, has received from Dr. Biggs of E. Portland, Oregon, the mother tincture of four species of cacti which have not been used in medicine. He will gladly supply any person who wishes to prove them, with a sufficient quantity. Address, 65 E. Twenty-second street, Chicago.

—John Hay's Poems, from the publishing house of Houghton, Mifflin & Co., Boston, is a handsome little volume, well printed and bound. Of course, every intelligent reader has enjoyed "Jim Bledsoe," "Little Breeches," "Banty Jim," and "The Mystery of Gilgal." These have made the author famous. The other poems are of equal merit, though of a different cast. It is a pleasant little volume to have in an inside pocket when you are waiting for a "watched pot." Try it. It is good for Hay-fever.

—A RECENT newspaper account of the arrest of a doctor in Davenport, Iowa, for criminal abortion is worth a moment's thought. The arrest was made on the statement of the dying girl, corroborated by the statement of the male progenitor, neither of whom was put under arrest. This may seem all right to those who understand law, but we cannot fathom it. It seems like making bribery a crime only to the party bribed, but not to the party offering the bribe. It should, in our mind, be made a crime for a woman to propose an abortion.

—The annual meeting of the Homœopathic Medical Society of Tennessee is announced for Sept. 10 and 11 at Lookout Inn, on Lookout Mountain, near Chattanooga. If grandeur of scenery and objects of great historical interest, in addition to a homœopathic symposium, can lend attraction to an annual gathering of professional men, we surely find it here. Go South, gentlemen, and test the proverbial Southern hospitality.—Dr. Wm. C. Dake is Secretary, and issues the neat circular which conveys the necessary information as detailed above.

—Some East Indian Homœopathic physician and surgeon, with titles and address as long as your arm, writes an "Appeal to the Homœopathic Practitioners in all parts of the World," published in the *North-western Journal of Homœopathy*, propounding a number of questions anent the potency used by each practitioner. It occurs to us that Kalims has a big contract on his hands: and if he gets nothing else will succeed in getting the biggest lot of gratis advertising for the least expenditure possible. Let the potency question R. I. P.!

—Dr. W. Y. Cowl, formerly Prof. of Pathology in the New York Homœopathic Medical College, will be associated during the coming season with Professor McDowell in the chair of Physiology in that institution. He has accepted the demonstrative part of the teaching, which will be enriched by means of apparatus collected by him for purposes of research during a three years' stay in Berlin. Professor Cowl is now engaged in fitting a laboratory for physiological work in the new college building, and will assume the direction of the same.

—*St. Nicholas* continues its "Crowded out of Crofield," and has at last found employment for Jack Ogden. This hero having done innumerable wonderful things, having proved himself a jack-of-all-trades, has at last become a clerk in a grocery store. What heroic things he will be able to do in this prosaic and lowly walk is a matter of conjecture: but if he doesn't become President of the United States by easy stages it will be disappointing to our boy, as it will to many wrapped-up juvenile readers. Palmer Cox has another installment of his brownies.

—The Editor of the *Eclectic Medical Journal*, of Cincinnati, is unhappy because some homœopaths have "stolen" certain remedies from the eclectics, and, after the fashion of thieves, have made off with the booty without so much as a tender of thanks. This sort of talk is very amusing. The fact is well known among enlightened people that eclecticism owes its high place in public esteem to the circumstance that it is in great part homœopathy. Take homœopathy out of eclecticism and the latter will find itself resting on the broken crutch of allopathy.

—SUICIDE BY MEANS OF A PIN.—M. Magnan related the case of a young woman who had fallen into melancholia, and expressed frequently the determination of destroying herself. In spite of close observation she succeeded in plunging an ordinary-sized pin under the left breast. The instrument passed through the sixth intercostal space, the pericardium, and lacerated the myocardium. Death supervened from syncope, the heart stopping from a quantity of blood filling the lower part of the pericardium, although no important vessel was wounded.—*Med. Press.*

—In his exposé of patent medicines in the (Indianapolis) *Independent*, Dr. William B. Clarke has done the profession a service which it ought not to be slow in acknowledging. Every occasion has been seized upon to give homœopathy a lift, and thus bring it prominently and favorably before that public which the class journals cannot reach. If the popularization of our practice is a desideratum, then any means that will accomplish it is praiseworthy: and the fact that some of these articles see their first light through the columns of the secular press should not inveigh against their being transferred to the medical journals. Or if it does, why?

—PHYSICIANS' BOOKS OF ACCOUNT ARE "PRIVILEGED."—A N. Y. court has decided that—in the complicated affairs and relations of life the counsel and assistance of clergymen, physicians, and lawyers often become necessary, and to obtain them men and women are frequently forced to make disclosures which their welfare and sometimes their lives make it necessary to be kept secret. Hence, for the benefit and protection of the confessor, patient, or client, the law places the seal of secrecy upon all communications made to those holding confidential relations, and the courts are prohibited from compelling a disclosure of such secrets. The safety of society demands the enforcement of this rule.—*New York Med. Jour.*

—*Scribner's* for September contains a generous installment of "Jerry," and introduces this title character in an attractive but perilous surrounding. The story has from the first held the reader almost spell-bound: our first note of weakness found is in this issue, where a newspaper reporter is represented as standing on the outskirts of a haranguing mob, book and pencil in hand, industriously writing his "copy" of the mob and the leader's speech. If any alien reporter dare risk his precious neck in such an assemblage, he would be very careful not to do any writing. "The Crown Jewel," Heligoland, is ably presented, and that, too, at a time when the subject is of interest to readers of the world's history. Frost has some more funny pictures.



—*Lippincott's Magazine* for August contained a complete story by Oscar Wilde, which was a "wild" affair—"The Picture of Dorian Grey." Intrinsically, as a literary work it is of the highest degree of merit; as a work of fiction it is also in the foremost rank; but as a novel, one to leave a pleasant impression upon the memory, it is a failure. As a study of the Impossible it will pass muster; but otherwise it is an unsatisfactory work. The September number has a splendid paper on "The Art of Interviewing," which is well prepared, readable, and instructive. "The Mark of the Beast," the complete novel, is good, as are usually these completed stories. *Lippincott's* continues to be a fine magazine.

—NEW YORK OPHTHALMIC HOSPITAL COLLEGE.—The Twelfth Annual Announcement of this justly celebrated college is before us with its usual promise of excellencies. Among its Faculty we find such sparkling names in Homœopathy as Geo. S. Norton, Chas. Deady, and A. B. Norton—the latter being the efficient Secretary—and we therefore have no hesitation in heartily recommending those determined upon this specialty to enter the lists under such able instructors. By a decree of the State Legislature this college is empowered to confer the degree of *Oculi et Auris Chirurgus*. The graduates of this school are to-day located in successful specialty practice in all of our more important cities, their successes being so many testimonials to the worth of the teachings of this school.

—Dr. H. C. Allen, Editor of the *Medical Advance*, latterly associated with Dr. W. S. Gee, has consented to occupy the chair of *Materia Medica* in the Hahnemann Medical College of Chicago. Our congratulations are herewith tendered. This is not, however, a new venture with Dr. Allen, for he occupied the same professorship in the University of Michigan before that school drifted into the maelstrom of unhomœopathy out of which its present talented Prof. Mack is struggling manfully to raise it. Dr. Allen is so well known in professional and journalistic circles, is so thorough a homœopath, that there can be but one voice in regard to this professorship, that of congratulation to all concerned. In this journal he reaches the matured medical mind though sometimes tardily; in the class-room he is able to mold the young mind, and thus save the student many years of blundering and subsequent unlearning. The right man in the right place.

—ROOM FOR MORE.—There are too many physicians of the wrong kind in this country. With a population of sixty million people, the United States has one hundred thousand physicians. About ten thousand of these are homœopathic physicians; the rest are, for the most part, allopaths. The proportion could be reversed with great benefit to the people. There is need of more homœopathic physicians. There is not a well-educated student who graduates from any one of our thirteen colleges who does not find that, somewhere, there is a community awaiting his coming, because the people want a *homœopathic* physician. As yet, the supply does not equal the demand.

But there are enough poor ones. The young man who enters the profession because he has failed in everything else that he has undertaken will find no room. Of well educated, skillful, and capable homœopathic physicians there will not be enough until their numbers equal those of the old school.

And then there will be room for more.—*Gatchell.*

—The *British Medical Journal* of May 3, 1890, says: "We have received . . . a specimen of a preparation manufactured by the Lambert Pharmacal Company, St. Louis. According to the formula given, it contains the following antiseptics: Thyme, eucalyptus, baptisia, gaultheria, mentha arvensis, and benzo-boracic acid. It is a clear liquid, with an aromatic odor, pungent taste, and miscible in all proportions with water. We have experimentally proved that it is a powerful antiseptic, preventing the development of bacteria and decomposition of vegetable infusions. Listerine is certainly a very elegant preparation, and will be found an agreeable antiseptic either for internal or external use." It is certainly satisfactory in the extreme to note the appreciation that the efforts of American pharmacists meet with abroad. Testimony of the character given by the *British Medical Journal* should carry very great weight with it.

—A NOTE ON SPECTACLE FRAMES.—POISONOUS RIMS.—A valued correspondent sends us the following letter he has received from a friend:

"The spectacle (pebbles) which I now wear were, when I bought them, fitted with white metal (not silver) frames. After I had worn them a few days, perhaps a fortnight, my nose and ears where the frame touched began to feel sore, so much so that I went to the optician from whom I purchased them to ask him if the frames were poisonous. He assured me they were not, and said the soreness was most likely caused by the weight of the pebbles. I continued to wear them for about three months, feeling the soreness all the time, when I had the misfortune (or rather fortune) to break the frame; and feeling certain the white metal was poisonous, I had the glasses re-framed with steel, and have never had any return of the soreness. So that my advice will always be, 'Do not wear *white metal-framed spectacles*, unless the metal is silver.' I wear my glasses continually, and have never found any inconvenience caused by the weight of the pebbles. I may say in conclusion, I have had the same ones in wear for the last five years."—*Homœopathic World*.

—HEREDITARY TALKERS.—In talking families, we find heredity demonstrated. It was the writer's experience to meet one of a talking family on the steps of a residence in New York City last Decoration Day, in the crowd, viewing the procession, in the person of a bright appearing young lady, who talked incessantly for two and a half hours, the entire time the procession was passing, attracting the attention of every one in her neighborhood. The following day we traveled to Boston in the same car, she in company with a young gentleman, occupying the next seat in front of me. She talked without ceasing, her voice going out above all other voices and noise. Although she used freely her smelling-bottle of salts before reaching Boston, she seemed to be unconscious of any exhausting effect of her effort. As the train ran into Boston she gave her companion (who, it was learned by their conversation, was a young professor in some institution of learning), a very cordial invitation to visit her home, assuring him that he would be well entertained, all the family except herself and mother being great talkers, she feared, however, that her father would not give any one else an opportunity to entertain him. In order to further assure him that her

family were great talkers, she declared that her grandfather bore the reputation of being the greatest talker in New England.—*Joseph Jones, M.D., in So. Jour. Hom.*

—The third volume of Gentry's Concordance Repertory will be ready Oct. 17. The popularity of the work increases with every volume issued. Many letters of similar tenor to that of Dr. Geo. B. Peck, Providence, which is here appended, have been received :

"When' first I heard of Gentry's Repertory my heart if not my lips broke forth in the words of a familiar hymn (slightly altered):

'This is the book I long have sought  
And mourned because I found it not.'

"When the volume came into my possession I found my brightest anticipations fully realized. I would not part with it at any price could I not replace it. I expect to be perfectly happy when the complete set is at hand. Many a time have I struck a singular symptom—rare it is true but therefore a keynote—which I remembered to have seen *somewhere*! A long search through Allen's and Lippe's and Hemple's Repertories, besides minor works, was fruitless. Now I shall find everything necessary. A brother practitioner came in to-day to consult me about three difficult cases. I referred at once to the volume, and the desired information was speedily forthcoming. He looked over the book and said, 'Should an agent call, send him right up to me as soon as he comes here: I must have a copy anyway. But no! I will write—I must have it at once. I can't wait!' Such will be the unanimous verdict of those who follow Hahnemann even a great way off."

—COCA IN HOARSENESS OF PROFESSIONAL SINGERS.—The Journal of the American Medical Association of May 3, 1890, gives a valuable article entitled "Hoarseness in Professional Singers and its Treatment," by Chas. E. Sajous, M.D. We extract the following: Of great assistance in the treatment of these cases is the use of coca wine when taken not only a half-hour before the performance, but at the end of each act, so as to obtain the benefit of "toning" action when the next act is about to begin. That the "toning" action is not due to the wine proper, as some believe, is demonstrated by the fact that sherry, the most alcoholic of all wines, does not at all give the singer the smoothness and ease of execution obtained from coca wine; while liquors, such as whisky and brandy, tend to increase hoarseness, if present, or to cause it if it is not. An interesting paper on this subject was recently read before the Société de Médecine Pratique by Dr. Sandras, of Paris, who thought he could ascribe to the use of cocaine and coca, internally or by atomization, cases of aphonia occurring in his practice. That cocaine used locally in any form may produce aphonia, there is no doubt; but that coca, administered internally, should be disproved not only by clinical experience but by our knowledge of the physiological properties of the drug.

As demonstrated by Laffont the action of coca upon the nervous system is one of stimulation, which exerts itself principally upon the constrictor fibers of the sympathetic. The "toning" action of the the drug on the larynx is thus clearly explained by the intimate functional relation between the vagus and the formation of the voice, which depends in reality upon the action of the constrictor muscles. That paralysis may be due to over-stimulation by coca is negatived by the

vigorous condition of the natives of Peru, Bolivia, and Colombia, who are, on the contrary, noted for their staying powers, which they ascribe to their constant use of coca leaves. The fact, however, that many of the coca wines on the market are but solutions of cocaine in either sherry or port wine, renders it quite possible that anæsthesia of the posterior portion of the larynx might be caused by contact with the drug during the act of deglutition, and thereby interfere with the functions of the vocal organ. I noticed this effect—a stiffness in the throat—while trying a number of brands to ascertain which would best serve my purpose. The preparation which I prescribe (*Vin Mariani*), made from the leaves, does not produce this effect, owing to the infinitesimal quantity of cocaine that it contains—gr.  $\frac{1}{10}$  to the ounce—all anæsthetic action being furthermore antagonized by the tannic acid present not only in the leaves themselves, but in the pure claret forming the excipient. A great advantage of "*Vin Mariani*" is that it exerts its action without giving rise to constipation. It can for that reason be administered continuously, with much benefit at times, in cases in which muscular weakness causes tremulousness of the voice.

---

#### BOOK REVIEWS.

---

**A TREATISE ON DISEASES OF THE NOSE AND THROAT.** In Two Volumes. By **FRANCKE HUNTINGTON BOSWORTH, A.M., M.D.**, Professor of Diseases of the Throat in the Bellevue Hospital Medical College, N. Y.; Consulting Physician to the O. D. P. Dept. of the Bellevue Hospital; Fellow of the American Laryngological Association of the American Climatological Association of the New York Academy of Medicine; Member of the New York Laryngological Society of the Medical Society of the County of New York, etc., etc. Volume One. Diseases of the Nose and Naso-Pharynx. With four colored plates and 182 wood-cuts. New York: William Wood & Company, 1889. Pp. 670.

Prof. Bosworth's fame in Bellevue Hospital has become co-extensive with that of any other specialist the world over; his annual classes bear toward him a very high regard for his thoroughness and painstaking care in indoctrinating them in the complexities and perplexities of this important specialty. The book before us presents the same evidence of thoroughness and careful attention as he is noted for giving his classes. A very large book, but filled from cover to cover with information valuable alike to the student in medicine, the general practitioner, as well as the intending or graduated specialist. The footnotes give evidence of extensive reading and abstracting. Section III., External Surgery of the Nose is made doubly interesting by the addition of colored plates, as well as almost countless wood-cuts, giving the line of incision as used upon the living face, and following that exhibits the same operation upon the denuded lifeless skull. Section I. is devoted to a building up of the specialty; method of examining; instruments used; anatomy, physiology, pathology, contained in thirty-eight chapters; Section II. is replete with Diseases of the Naso-Pharynx, in nine chapters. The illustrations are unusually fine and graphic, and can be used at sight. The descriptive matter of Sections I. and III.

leaves nothing to be desired ; while Sect. II., being mainly allopathic in its treatment, must be read cautiously by the homœopath, else he will become lost in the prescriptions and massive dosage. It is a fine book, worthy of a place on the shelves of the progressive general practitioner, who has time to read up, while it is an indispensable companion to the specialist. The mechanical part is in the usual excellent style of William Wood & Co.

**PHILOSOPHY IN HOMŒOPATHY.** By CHARLES S. MACK, M.D., Professor of Materia Medica and Therapeutics in the Homœopathic College of the University of Michigan, Ann Arbor. Chicago : Gross and Delbridge, 1890.

Prof. Mack is a charming writer as he is a conversationalist. Notwithstanding the metaphysical trend of his mind, the language in which he couches his Philosophy of Homœopathy, is clear, cogent, and popular, and the busy practitioner may read it in the interstices of his visits and find it palatable and pleasant. Of the intrinsic worth of each paper—for the volume is made up of separate papers—little can be added beyond the criticism already bestowed upon them by the press. If his *Similia Similibus Curantur* was severely handled by the critics on its first appearance, no critic will have occasion to find it defective in its present form ; and no one can have a word save that of praise for his "Homœopathy, the Only System of Curative Medicine." As Prof. Mack gets deeper into the *true* philosophy of homœopathy, and appreciates its beauty and consistency from the standpoint of Hahnemann and his immediate followers, he will give the readers of homœopathic literature, in his own terse, inimitable, and forceful style, the beauties of the Organon, not in the form of an apology—as seems so much to be the fashion of the day—but as a calm and firm upholder of the principles and tenets laid down in its every paragraph. Prof. Mack already holds a front place among homœopathic teachers, and we indulge the hope that he may yet be able to undo the execrable homœopathy taught in the university in former days ; and thus make the homœopathic department as famous as now is the general and literary department of Ann Arbor.

**A HAND-BOOK OF DISEASES OF THE SKIN AND THEIR HOMŒOPATHIC TREATMENT.** By JOHN R. KIPPAX, M.D., LL.B., Professor of Principles and Practice of Medicine and Medical Jurisprudence in the Chicago Homœopathic Medical College ; Clinical Lecturer and Visiting Physician to Cook County Hospital ; Author of *Lectures on Fevers*, etc. Fourth Edition : revised and enlarged. Chicago : Gross and Delbridge, 1890.

Although in its fourth edition, the demand is still greater than the supply, and no wonder, considering the excellence of the work, and the handsome presentation of the subject. A cursory reading of its pages fills the uninitiated with a sense of horror because of the array of unfamiliar and unpronounceable words ; but take the work at its initial chapter, and give it a careful perusal, and the subsequent text unravels itself rapidly and easily. Part First gives its attention to the Anatomy and Pathology of the Skin ; its Symptomatology, Etiology, Diagnosis, and Classification ; while Part Second goes minutely into each shade of skin trouble, describing its treatment, and making it

possible for even a general practitioner—one not specially versed in dermatology—to use the book. Of a necessity, a book devoted to a specialty is devoted to its specialty, and the skin being so extensive the temptation to apply lotions, greases, washes, ointment, plasters, poultices, etc., etc., is almost irresistible; hence, we find much attention given to adjuvants; while the homœopathic treatment is rather scant. This is not to imply that it does not recommend homœopathic treatment, only that the treatment might be more homœopathic and less adjuvant. The indications for the remedies given are mainly terse and general, rather too great a leaning to the pathological prescription. It is, however, difficult to conceive of a homœopathic treatise on a specialty where this order of things would not prove the rule. The specialist works in his specialty to the exclusion, except incidentally, of materia medica; and when he finds it needful to add the remedies it is done briefly and almost perfunctorily. This is no adverse criticism of Prof. Kippax's book—which is up to the A1 rank—but simply an "aside," on the trouble a specialist experiences in being a specialist and yet a homœopath. We recommend the book, and congratulate Prof. Kippax on its success.

**A TEXT-BOOK OF MATERIA MEDICA. CHARACTERISTIC, ANALYTICAL, AND COMPARATIVE.** By A. C. COWPERTHWAIT, M.D., Ph.D., LL.D., Professor of Materia Medica and Diseases of Women in the State University of Iowa; Professor of Materia Medica, Pharmacology, and Clinical Medicine in the University of Michigan; formerly Chairman of the Bureau of Materia Medica and Proving of the American Institute of Homœopathy, of the Western Academy of Homœopathy, of the Northwestern Academy of Medicine, and of the Hahnemann Medical Association of Iowa; Author of "Insanity in its Medico-Legal Relations"; President of the American Institute of Homœopathy, etc., etc. Fifth Edition, revised and enlarged, with Clinical Index. Chicago: Gross & Delbridge, 1890.

Who that knows Cowperthwaite—and are there any who don't?—needs much of an introduction to any book coming from his pen. He has been in public (medical) life so long; his pen has been as busy as his voice, so that his style and mannerisms are as familiar to our readers as they are to his immediate *confrères* and admirers. If there is any specialty in which he excels it is in this—materia medica. Twice, to our personal knowledge, he has held up the banner of homœopathic materia medica at a time, each time, when it meant something courageous, and a loss of popular prestige to step into a disputatious arena and beat down the unhomœopathic practices that were being promulgated under the very shadow of homœopathy. From such an exponent of homœopathy there can emanate but one class of book, and that a homœopathic one. And this is before us. True, not in its first edition, implying a new book, but a fifth edition, indicating the popularity of the work. We cheerfully indorse every good word said for its various editions heretofore, and have to add that it is a most welcome book to our working library. The Clinical Index is something new and desirable for many prescribers, but it is apt to mislead. The Pronouncing Index is good. The book contains many remedies not found in The Condensed—many that are in much use to-day. We are glad for the evident prosperity of the work, and gladly recommend it.

## OH-DON'T-OLÖGY.

DON'T permit the session of 1891 at Atlantic City to be a failure ; if the World refuses to come, let us have our annual love feast just the same.

DON'T play Hamlet with Hamlet left out : i.e. don't teach the Organon with an apology for Hahnemann. Teach it as it written, or off with the mask !

DON'T go so far from the secular press, gentlemen of the Institute, that you can't get anything published except Chicago doctors' pictures and hotel puffs.

DON'T meddle with saloons if you propose locating in a village ; they are bad enough in the cities, but in a village they will kill the most skillful physician ever graduated.

DON'T let us decorate our immaculate shirt front with a crimson ribbon like a foreign "juke," when we are engaged in tripping the light fantastic at a watering-place ball.

DON'T have your patrons defend you before your old school enemies with such defense as : "He gives medicine just like your doctor ; he gave me a prescription to go to the drug store."

DON'T accuse the editor with all the misprints and typographical inaccuracies which may appear under his signature. There are sometimes circumstances over which he has no control.

DON'T fire your lectures so far above the heads of the students that they never, never can be reached during student-life, for after that the graduate will find the original in some back number text-book.

DON'T—this is three times and out—don't have any more hotel banquets. Better a handful of homely food from a free lunch counter with content, than a muchly advertised hotel banquet with claw-hammer coat, speeches, music, and emptiness.

DON'T indulge in hysterics, brethren of the I. H. A. That "mon-grel" episode adds nothing to your stature either as men or homœopaths. Behold, how good and how pleasant it is for brethren to dwell together in unity as we do in the Institute.

DON'T you know that a flag flying from the Institute headquarters, if a flag peculiar to and distinctive of the Institute, would be a handsome innovation. And that from these colors or design a button or badge could be improvised for each member.

DON'T pout if the dog insists on wagging his own tail. The American Institute, with an overwhelming majority in attendance, is surely entitled to say when the World's Homœopathic Convention should be held, remembering that it gives up its meetings for the benefit of—how many ?

DON'T grieve about the probable fiasco of the World's Homœopathic Convention. Some of our English brethren are pouting because the time was cast in June instead of September. Why should it have gone to September with the attendance, probably, Institutes 25 to 50 : the World 6 to 8 ?

# REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

BY EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Phila., Pa.

(Continued from page 300.)

- STITCHING and pressure, as if morsel of food had lodged there—  
 Ammonium mur.  
 ——— sharp—Anacardium.  
 ——— single, violent—Asafœtida.  
 ——— dull—Aurum, Crocus sat.  
 ——— right apex—Belladonna.  
 ——— when breathing deeply—Benzoic acid.  
 ——— in and around clavicles—Berberis.  
 ——— very fine, extremely severe stitches in right axillary—Bryonia.  
 ——— left chest, worse right chest—Chelidonium.  
 ——— burning, left side—Cina.  
 ——— left chest, under sternum—Cinchona.  
 ——— in posterior part of chest—Colchicum.  
 ——— in right or left side of chest—Colocyntis.  
 ——— violent, about right nipple—Conium.  
 ——— burning—Croton tig., Muriatic acid.  
 ——— left side, later on right—Cyclamen.  
 ——— about apex of heart—Cyclamen.  
 ——— severe, when sneezing or coughing—Drosera.  
 ——— here and there—Dulcamara.  
 ——— pleuritic—Guajacum.  
 ——— in lower part of lungs—Hamamelis.  
 ——— in the side of the chest—Hyoscyamus.  
 ——— from flatulent colic—Ignatia.  
 ——— on ribs, sternum, and intercostal muscles—Jacea.  
 ——— with pleurisy—Kali carb.  
 ——— through sternum to back—Kali jode.  
 ——— deep, mostly left—Kobaltum.  
 ——— across the chest, during morning till noon—Kreosotum.  
 ——— like knives—Lachnantes.  
 ——— in left lung—Lycopodium.  
 ——— in chest and sternum, running up and down—Manganum acet.  
 ——— through, from right scapula—Mercurius.  
 ——— through the thorax—Mercurius cor.  
 ——— right side—Mercurius jode flav.  
 ——— continuing during inhalation and exhalation—Oleander.  
 ——— only when lying—Pulsatilla.  
 ——— with every motion—Sarsaparilla.  
 ——— from drinking anything cold—Thuya.  
 ——— in left chest and heart at every beat—Zincum.
- DARTING.—Kali bich.
- CATCHING.—Mercurius jode rub.
- CUTTING.—Berberis, Bromium, Colchicum, Hypericum, Natrum mur.  
 ——— violent, interrupting breathing.—Colchicum.



SHOOTING.—Aurum, Cuprum, Ferrum, Kalmia, Lilium tig., Rhododendron, Murex.

TEARING.—Berberis, Bryonia, Carbo veg., Cyclamen.  
—— stitches—Cyclamen.

EXCRUCIATING.—Silicea.

LIKE KNIVES.—Lachnantes.

INTENSE.—Guajacum.

VIOLENT.—Alumina, Colchicum, Conium, Drosera.

SEVERE.—Bryonia, Drosera, Lachnantes.

SLIGHT.—Ferrum.

SHARP.—Asarum, Bryonia, Cactus, Carbo ani., Conium, Iodium, Psorinum, Rumex, Sanguinaria can., Sulphuric acid, Ustilago maid.

DULL.—Apis, Colchicum, Crocus sat., Oleander, Oxalic acid.

ACHING.—Ailantus, Apis, Calcareo phos., Clematis, Rumex.

TENSION.—Ammonium mur., Muriatic acid, Natrum mur., Phosphorus.

PRESSING.—Sabina, Zingiber.

PRESSURE.—Antimonium crud., Arnica, Asafoetida, Asarum, Belladonna, Bismuthum, Carbo veg.

CONSTRICTIVE.—Berberis, Mezereum, Spongia.

CONSTRICTED.—Lilium tig.

BURSTING.—Muriatic acid.

BORING.—Bismuthum, Taraxacum.

DIGGING.—Taraxacum.

DRAWING.—Agaricus, Bromium.

GNAWING.—Ruta grav.

THROBBING.—Capsicum.

BURNING.—Apis, Berberis, Bismuthum, Carbo ani., Carbo veg., Cepa, Cina, Croton tig., Ferrum, Hydrastis, Ledum, Muriatic acid, Natrum carb., Phosphorus, Rumex, Spongia.

—— as from glowing coals—Carbo veg.

PULSATION.—Berberis.

OPPRESSIVE.—Aloes, Carbo veg., Drosera, Lachesis.

HEAVY.—Ferrum, Oxalic acid.

AS IF BEATEN.—Apis, Muriatic acid.

AS FROM A SPRAIN.—Kalmia.

BRUISED.—Apis mel., Ammonium mur., Ferrum, Manganum acet., Millefolium, Phosphorus.

SORE.—Calcareo carb., Nitric acid, Oxalic acid, Phosphorus, Silicea, Stannum.

SORENESS.—Ailantus, Alumina, Apis, Arnica, Baptisia, Baryta carb., Berberis, Calcareo phos., Carbo veg., Chelidonium, Eupatorium per., Graphites, Hepar sulph., Hydrastis, Lachesis, Ledum, Magnesia carb., Mercurius jode rub., Natrum mur., Nitric acid, Phosphorus, Pulsatilla, Rumex, Sepia, Spongia, Staphisagria.

—— excessive—Ailantus.

TENDERNESS.—Ailantus.

RAW.—Gambogia.

RAWNESS.—Berberis, Carbo veg., Graphites, Hydrastis, Spongia, Staphisagria.

EXCORIATED.—Phosphorus.

AS OF ULCERATION.—Psorinum.

RHEUMATIC.—Digitalis, Oxalic acid.

SENSITIVE.—Bryonia, Cinchona.

THE  
AMERICAN HOMŒOPATHIST.

VOL. XVI. NEW YORK, OCTOBER 1, 1890. No. 10.

FRANK KRAFT, M.D., EDITOR.

THERE is a commendable promptitude apparent in the readiness with which all our homœopathic colleges accept and promulgate the recommendations of the INSTITUTE, and noticeably its most recent utterance, touching the qualifications to be insisted on in a matriculate. In the desire for a large showing at the vernal solstice, competition has, in times past, and, unfortunately, not infrequently, permitted students to slip through upon the platform and receive a blue-ribboned diploma to which he was no more entitled than he was to a degree in Sanscrit. Since, however, the INSTITUTE has agitated the question, under the spur of friendly, albeit sharp criticism from our own and other medical journals, there has been very much less of this practice, so that the past few years has evinced a pleasing improvement in the material issuing from our halls of learning; and by and by it will cease to be a reproach to be a recent graduate from this or that homœopathic college. We note also with pleasure that the Old School has had a spasm of virtue rack its debilitated carcass, and has, at a recent meeting in the South, appointed a committee or commission with a high-sounding name to take prompt steps and devise means for defining and perfecting the literary and general requirements for intending medical students. So that the present generation may yet behold the diploma from an American College recognized abroad as constituting *prima facie* evidence of graduation and an implied evidence of ability, though it may never be viewed with the sycophantish adulation, now so common in our country, for a diploma emanating from any of the foreign universities.

\*  
\*  
\*

AN apt illustration, and by no means exaggerated, of the laxity in this educational regard which has prevailed, was brought to our personal notice during the past summer. A change of circumstances having made it obligatory on us by a certain date to vacate a paying practice, mindful of the value of printers' ink, we advertised the location to let. Nineteen applications were received from various parts of the land, and perhaps there couldn't have been nineteen more radically diverse specimens of doctors found than was depicted in this correspondence and personal contact. Of the nineteen, but two inclosed stamps for reply—and, considering that an answer took the better part of an hour of time, the description of property desired being a voluminous affair, the discourtesy was very real. The style of envelope, the

blotted and misspelled address, the placing of a stamp upside down in the wrong corner, lacked only one little line to make it the effusion of a neophyte with the pen, and that line would have read "in haste," deeply underlined. Seven of the nineteen indited their business communications in pencil, two of the seven wrote on the backs of leaves torn from college note-books; one on half a dozen loose sheets of different patterns and tints, unnumbered and dirty. Of the whole nineteen only one—solitary and alone—and he the son of a medical editor, couched his letter in business language, form, and style, good English, terse, and to the point. Of the spelling, penmanship, arrangement, punctuation, and style of the remaining eighteen, no ordinary description in our English tongue could do adequate justice. An interested party exclaimed on seeing the mass of illiteracy: "No wonder these doctors can't make a living where they are; their manifest lack of ability would starve them in the midst of the best practice ever laid down by a predecessor. It is an utterable shame that such men should be at large as homœopathic doctors. It would be a mercy to let them starve."

\* \* \*

THERE arose during this period of receiving and answering questions one other factor, a disagreeable one, forsooth, but one for which no college, literary or medical, could be made sponsor—the factor of discourtesy, if not of downright dishonesty. One instance in point will graphically adorn the moral. This was an applicant from Florida, who was taking his summer somewhere in New York, and who engaged our attention with letters and telegrams, requiring minute specifications, and kept up his attentions until within one day of a promised visit to close transactions, everything being to his liking; then suddenly an impenetrable silence fell upon the scene, and the Florida man sank back into the oblivion from which he had introduced himself to us, and had cost us loss of time, worry, and outlay of money. He has never been heard from again. Like a certain historic personage named McGinty, we fear he has gone down to the bottom of the sea, and his store clothes will be utterly ruined. But water cannot reach conduct of the sort narrated. To recur to the text. No medical school, however well its portals are guarded, can hope ever to eliminate the element of rascality which inheres in some people and is probably a remnant of Original Sin. But it is a fair inference that if a *gentleman* passes the INSTITUTE's literary requirement with credit, that no subsequent misfortune, not even the straits of poverty, can cause him to lose sight of that *noblesse oblige* which ought to bind one professional brother to the other. It requires no labored code of ethics to teach natural gentility; it is always ready; it cannot be hidden; it is found in lowly as well as exalted stations. The right to a change of mind even at the eleventh hour is not for one instant denied; but, having caused a brother much labor, loss of precious time, and financial outlay, the barest courtesy which obtains among men should have dictated a word of notification of such altered opinion, even if no explanation was added, in order that other applicants might not be estopped. But this was not done in this case. The Florida man has returned to his everglades, his alligators, and oranges, having probably repeated his discourtesy to a dozen or more other prospective sellers.

SOL [HELIOGABULUS] POTTER is again at large, and very much so at that. The *Pacific Medical Journal* contains a paper on "Modern Homœopathy viewed Homœopathically," wherein this potter fashions his clay into mud, which he flings industriously at our shining lights. For argument he uses the dissensions and bickerings between individual members, and thereon constructs a veritable Tower of Babel. Where would the Old School be to-day if that style of argument could prevail? The same quixotic battle has been waged for centuries upon the Bible: yet more Bibles are distributed each single year now than were known to be in existence up to the time the attacks began, and Christianity has more adherents to-day than ever before. Some eloquent skeptic like Ingersoll flashes athwart our horizon; we laugh with him and enjoy his witticisms and his sarcasms; and yet, deep down, the substrata of Christian influences continues and we turn reverently and gladly to our old Bible. Now, if it were only possible for this potter to so prepare his mud that it would stick, there would doubtless be a number of costly garments soiled, and others ruined beyond repair. But that would be the size of it. Garments would continue to be worn; only the police would redouble their vigilance to detect this Potter, the Mud Slinger.

\*  
\*  
\*

SO with his attacks on Homœopathy. All the mud and filth which Potter can dig out of personal quarrels and personal opinions and project at the Law of Homœopathy will not avail him; a natural law is not amenable to personal beliefs. A party of the name of Hall discovered that the entire planetary system was wrong in the books; that he alone possessed the key to the profound mystery; and this he would send for four dollars and signature to a blood-harrowing oath (Ministers of the Gospel gratis). Oh, yes indeed, sir! they bit at the bait. They had Moses and the Prophets but refused to believe; but the first glimpse of the golden calf brought them to their marrow-bones. Say the moon is made of green cheese and the neighbor women, male and female, will clamor for a slice. For four dollars this ingenious artificer in celestial mechanics sent the credulous ones good advice concerning their latter end; recommend that they pump themselves full of hot water, and their intellects would forthwith become cleared up. The four dollar "system" was repeatedly exposed; but the solar system continues at the old stand. Thus far Potter hasn't discovered any flaw in the law of gravity, and his frequent attempts to "gut" homœopathic practice has not, we opine, netted him many four dollars. As an apostate, however, is universally viewed with distrust by all honest folk, in order to retain a little standing among physicians who tolerate but do not fellowship him, and having recently burnt his fingers in the Chapman-Lycopodium Case, it behooves him to expose his person once more for the sturdy blows with which in times past he has been familiarized. This is our blow. But Homœopathy will continue its appointed round; the most enlightened of our people, Cabinet Ministers, Presidents' wives, Supreme Court Justices, eminent professional men and women, as well as the better class of the laity patronize us; the large-hearted people contribute and bequeath us rich legacies; State legislatures vote us immense sums of public money, give us hospitals, dispensaries, and separate examining boards; Congress votes us

a handsome dower, and gives us prestige, influence, and power ; the colleges are filled to the doors with students ; the journals are adding to their subscription lists ; Old School practitioners are coming over to us by the score. Homœopathy is "dying out" from day to day until the number of its adherents are fain to become as the sands of the sea for multitude, and the stars in the firmament for brilliancy. In the words of the First Reader : "Go on, old ox, go on !" We can stand it, Potter, if you can. If you knew no more of Homœopathy than your Chapman-Lycopodium prescription shows you know of Old School physic, then it is no wonder you apostatized. You never were a Homœopath.

Our system shall a ministering angel be  
While thou liest howling.

---

### THE OPEN COURT.

---

—The Cleveland Homœopathic Hospital College has at length solved the problem which has threatened to disrupt it during the past summer. The professors who had resigned early in the year, after considerable debate and the signing of a written agreement of amity, at the last moment insisted upon withdrawing, and this was accorded. The Faculty of the College now reads as follows :

John C. Sanders, A.M., M.D., Professor of Obstetrics ; H. F. Biggar, A.B., M.D., Professor of Gynæcology, Operation, and Clinical Surgery ; E. R. Eggleston, M.D., Professor of Theory and Practice of Medicine and Pathology ; W. A. Phillips, M.D., Professor of Ophthalmology and Otology ; Frank Kraft, M.D., Professor of Materia Medica, Therapeutics, and the Organon ; S. L. Hall, M.D., Professor of the Principles of Surgery, and Lecturer on Diseases of the Nose and Throat ; H. Pomeroy, M.D., Professor of Physiology and Physical Diagnosis ; T. P. Wilson, M.D., Professor of Physiology ; Edward A. Darby, M.D. (Mt. Vernon, O.), Professor of Anatomy ; J. Kent Sanders, B.S., M.D., Professor of Practical Surgery and Surgical Pathology ; D. H. Beckwith, M.D., Professor of Sanitary Science ; DeForest Baker, M.D., Lecturer on Diseases of Children ; C. D. Ellis, M.D., Lecturer on Osteology and Dermatology ; H. D. Bishop, M.D., Lecturer on Chemistry, Toxicology, and Urinary Analysis ; W. E. Wells, M.D., Lecturer on Orificial Surgery ; R. Dayton, M.D., Lecturer on Histology and Technical Microscopy ; A. W. Barber, A.M., Lecturer on Medical Jurisprudence ; W. B. Andrews, M.D., Demonstrator of Anatomy.

The term for 1890-91 opened auspiciously, on the 24th of September, before a large and enthusiastic class, and with every promise of success.

—The Cleveland Medical College has issued its first announcement,

and makes its bow to the homœopathic profession. It is officered in part by the faculty which resigned from the old Hospital College during the summer. Its announcement is couched in the usual terms, promising to graduate physicians in the *science of medicine*, and among other matters it states :

In therapeutics the truth of the law of similars will be thoroughly inculcated by precept and example ; at the same time, the *materia medica*, as given in the United States Dispensatory, will be taught. We believe that the superiority of homœopathy as a system of medicine can best be demonstrated by a comparison with the methods and theories of the old school. Such a comparison tends to a more settled belief in the truth of the law of similars, as is shown by the fact that some of the best practitioners of homœopathy are among those who have studied the system of therapeutics of the old school.

---

### ANAPLASTY, OR ARTISTIC SURGERY.\*

By GEO. W. MOORE, M.D.

**A**NAPLASTY, autoplasty, rhinoplasty and morioplastice are all synonymous in that branch of plastic surgery which is distinctively formulative.

The surgeon who undertakes this kind of plastic work should be an artist as well as a surgeon. For this reason I have given it the name of Artistic Surgery, which I believe you will all agree is correct, especially so if you have ever performed very many anaplastic operations.

The art of plastic surgery is as old as the hills, and was practiced quite successfully, in some of its branches, at an early period of the world's history, especially by the people of India and of ancient Egypt as far back as the days of Moses, in restoring ears and noses which had been cut off by decrees of the courts of those barbaric ages. In fact, so successful were the surgeons of that day in the practice of this art, that the courts finally ordered that when an ear or a nose was cut off it should be destroyed, so as to absolutely prevent its being restored.

Anaplasty then means forming anew, or, restoration of a part, or organ, by the aid of a loan made from the patient himself, and at the expense of neighboring parts by the operation of autoplasty, and distinguishes the operation from that of heteroplasty which borrows substance from a stronger organism, or from that of prathesis, which replaces lost parts with artificial ones made from inorganic substances, and is quite a different operation from that of stitching on an organ which has simply been excised, or that of uniting fistulas, ruptures, harelips, etc.

---

\* Ohio Hom. Med. Soc., 1890.

It is evident, then, that the causes requiring the operation of anaplasty most generally arise from congenital defects, such as arrest of development, or from destructive wounds, etc. Some of these cases are beyond surgical aid, while in others plastic surgery alone can make amends.

The general rules for plastic operations are few, but should be strictly observed as far as possible. Be sure in your diagnosis as to the cause of the malformation, whether due to arrest of development in utero, or injury ; the cause, if possible, of such an arrest or injury, the condition of the tissues to be repaired, and the condition of the tissues from which the flap or material for repair is to come.

In forming your flap, if possible, the pedicle, whether intended for permanent or temporary use, should be made at the lower end of the dissection, as the blood-vessels and nerves usually supply the parts from below ; then in gliding, or stretching the flap into position, be careful that you do not twist them so tightly as to strangulate the vessels and nerves so as to produce a failure of the operation by gangrene and sloughing. If your flap is to be cut from tissues that are soft and flabby it should be cut much larger than the wound to be repaired.

It is best to defer these operations in the case of children, except as exploratory, until the cranial bones are well and solidly developed and sutured, and nutrition, from other than the mother's resources, is established, as it would be difficult for a child to nurse, for instance, where it would be necessary to plug the posterior nares for any considerable length of time, or where it were necessary to make extensive dissections about the nose or mouth.

Then again, it may be necessary to make several operations to obtain desired results, and the operator should be careful in his first operation not to destroy tissues that he may need in future operations.

I have a case now under observation, photos of which I am pleased to show you, and will also give you the history of the case. This child is a twin, and was born one week before the completion of the eighth month of gestation. The other twin died of inanition at ten weeks' old. This child when born had a depression three fourths of an inch wide, extending from between the eyes to the end of the nose. The depression was two fifths of an inch deep. The integument and tissues were wrinkled, or in folds, giving the child a most repulsive look. The cartilages were cleft, only a small portion being developed over each alæ. This is in no way a nævus, but is simply an arrest of development. The end of the nose was flat, and the integument attached to the vomer.

She is the fourth child of her parents ; three little girls older, all

perfectly healthy and bright. This child is also as bright as other children of her age.

The mother's parents are living, and are honest, industrious Quaker people. The father, grandfather of the child, was a twin, and they say he was born blind in one eye. The blind eye is considerably smaller than its mate, and they say that the deformity existed when he was born. The mother of the child is the only child they raised, although they had three other children, all dying in infancy. I do not know whether there were any miscarriages or not.

On the father's side there are quite a large family, and I know of no defects, except a small *nævus* on the face of one of the daughters.

I operated upon this child when it was but two weeks old and weighed five pounds. In this operation I did not expect to make a complete cure by any means, but operated for several reasons, partly because the child looked so hideous that the parents urged me to do something to relieve it ; partly as exploratory, to satisfy myself whether the fissure extended through the nasal bones or not, and partly in hopes of uniting the fragments of cartilage, while so young, that we might expect the nose to shape itself up.

I made an incision through either edge of the depression, from between the eyes to the end of the nose, and dissected out the wrinkled mass from the sides and bottom. I then brought the edges of the wound together by stretching, and sutured it firmly with silk. When the operation was complete the nose presented quite a respectable appearance, as the wound showed simply a narrow red line ; the small pieces of cartilage were firmly fastened together, and it really looked as though we would get good results. The wound healed by primary union ; but, as you see, the scars are widened and drawn, one ala is drawn up too high, and there is plenty of room for further improvement, showing us to be true, what I said before, that it is best to wait until the bones of the cranium are properly sutured, and solid ; besides another very good reason for waiting is, that a child nine months old stands a very good chance of never needing an operation by the time it gets through teething and all the other ills that childhood is heir to.

In making further operation upon this case I shall make my incision so as to get my flap to form the nose largely from this surplus fold of tissue that you see here between the eyes, and from the integument of the forehead, and by gliding and stretching bring it into place. If one operation should not be enough to complete the work, we may have to bring the borrowed tissues into place, by successive dissections and migrations.

I am very sorry that I could not have shown you photos of this case, after a final operation, also before the primary operation was made ; then you could have seen results. But, as it is, I shall hope to be con-



tent with the promise of showing this society, at some future meeting, photos of this case after my operation is complete, or of reading to you her obituary; or perhaps you may read my own.

SPRINGFIELD, O.

---

### PERFORATING ULCER OF THE STOMACH.—A CASE AND SPECIMEN.

By R. B. JOHNSON, M.D.

WILLIAM B., aged about fifty-nine years, occupation miller and bookkeeper, and a man of excellent habits, called on me for treatment in March, 1889. He had been out of health for some years and had been treated by various physicians, all of the old school, but had been benefited but little if any, and of late he was still growing worse and losing flesh all the time; was able to be about and attend to business (book-keeping). He complained chiefly of his stomach and bowels. Liver was also torpid. He had a good appetite, but when he ate anything there was always a great distress in his stomach, and if the food was solid it usually had to be vomited up before he could get any relief. His mouth had a very bad taste, and at times his breath was so offensive I would have to turn my face away while consulting with him.

His bowels were very much constipated, always having to take an enema, then the feces being nothing but little dark round balls. I prescribed nux vom. at first, and continued it until it seemed to have no more effect. He gained some during its administration. I then gave opii., arsen., pod., carbo vege., and verat. alb., as they seemed to be indicated, and he gained some for a while; his complexion cleared up, and he gained some flesh and looked as fresh as a person in good health. But his stomach still pained him, and his bowels, though improving at first, became worse again, and by the advice of a son who lives in Cleveland he came here and went again to an old-school physician, who was his son's medical adviser; and his case was diagnosed as an enlargement and induration of the pancreas. He treated him for a month or two without benefit.

He ventured home and took patent medicines for a while, but still grew worse; was greatly emaciated, but still had a good appetite and longing for food, but he could not take any without great pain, and if there was the least bit of solids it had to be vomited up as well as most of the liquids.

Nov. 24, he again came into my hands, and though I did all I could for him I could not relieve him. His pains would come in paroxysms and continue until he vomited, whether he had taken anything into his stomach or not; the substance being a dark green with coffee-ground

sediment. My diagnosis when I first treated him was indigestion, with a thickening and closing up of the pylorus, but when I saw him the last time I decided that there was a perforating ulcer and closing of the pyloric orifice, though to differentiate between this and cancer was somewhat difficult, but the absence of the cancerous cachexia decided me in favor of the ulcer. He survived until Dec. 12. On the 13th in company of others I made an autopsy, and found that my diagnosis had been correct ; all the organs were in a healthy condition except the stomach and the peritoneum, which was inflamed, caused by the contents of the stomach passing through the perforation. I here exhibit to you that portion of the stomach that was the seat of all his trouble. You will observe that the ulcer is near the pylorus and on the anterior portion, contrary to what the books tell us is usually the case. The pylorus, you will also see, is nearly closed, so much so that nothing seemed to pass through for some time before he died.

RAVENNA, O.

---

### OSTEOMYELITIS.

By C. E. WALTON, M.D.

**I**T is but seldom that we are called upon to treat this, the most serious of all the bone diseases. Its rarity and great fatality make it a disease of uncommon interest, not only to the surgeon but to the general practitioner. It is to the other bone diseases what suppurative peritonitis is to the ordinary abdominal diseases. It pursues its course toward a fatal termination far removed from the numerous appliances of physical diagnosis, and many times does not proclaim itself until the patient is on the very brink of the grave, or indeed waiting to be clothed in the habiliments of burial, the knife of the pathologist revealing what should have been disclosed by the surgeon's scalpel. It is quite unnecessary to formally describe this inflammation of bone and its medullary substance ; the text-books have done it often and have done it well. I wish to bring before you two cases which will serve to freshen our information and emphasize the mode of treatment.

In the language of the old style novel, a solitary traveler was seen one bright afternoon in early summer trudging along in the Indian Territory toward his squatter's quarters some twelve miles away. He was a man of prospective wealth, and had long been holding down government land and anxiously waiting congressional legislation to put him in possession of the promised land. That twelve-mile walk was the exciting cause of his subsequent ill-health. When a boy he had had caries of the left tibia in its lower third, and had parted with several sequestra. Frequent attacks of pain and soreness had yielded readily to the self-applied iodine, and a long immunity had caused this stal-

wart man of giant frame and muscle to consider himself, a well man. A change came over the spirit of his existence. He found himself, a short time after his walk, trying to keep a business appointment in Cincinnati. A soreness of the left tibia which did not yield to counter-irritation, and an indescribable malaise which unfitted him for business, brought him under professional observation. A reddened area just below the tibial tubercle, a grumbling pain, and quickened pulse gave little indication of the slumbering volcano beneath, and the patient was sent to his room with little thought of an approaching catastrophe. Two days later the congested area had degenerated into an ulcer, and the man of iron will was succumbing to the assaults of some insidious enemy. Abscesses lower down the extremity appeared—were opened and antiseptized. Mild delirium ruled the throne of reason. The cheerless hotel room was exchanged for hospital quarters, and Sisters of Mercy ministered to his wants. A few days nursing and assiduous treatment failed to make the desired impression. The pulse climbed to 120, the patient *fell* good, and there was little or no pain.

Whilst walking across the room one evening, there was a sharp pistol-like report, and the patient lay upon the floor with a fractured tibia. The "game broke cover," and a positive diagnosis was "flushed." It was now high time for operative interference of the most radical sort; but forty-eight hours were lost in overcoming the scruples of the patient, and waiting for the arrival of a relative; in the mean time septicæmia was holding high carnival, and it did look as though it would terminate in the dance of death. Amputation at the lower third of the femur saved the patient's life, and an artificial leg now carries him over his squatter's claim.

To such a low ebb was the vitality carried in this case that all the cellular tissue of the flaps sloughed out and the cornea of the eyes became hazy.

The autopsy on the amputated leg revealed almost six inches of rotten tibia. The shell was intact, except at the point of fracture, but greatly eroded, and the canal was filled with pus.

To me this case was full of interest, and involved laborious attention and great anxiety, but the end crowned the work; and I hope the next patient with a similar case will not have to break his leg before I arrive at an adequate comprehension of his true condition.

In this connection I think a second case borrowed from the experience of another will not fail to prove interesting.

In the *British Medical Journal*, February 1, 1890, is related the following case of unsuspected general osteomyelitis:

The patient, a well-knit seaman, twenty-four years of age, who had at different times suffered from pleurisy, remittent fever, and purpura, with dyspepsia, but who had enjoyed fair health for the last three

years, complained of slight, ill-defined pains about the chest, epigastrium, and loins, saying that he had been ailing for three weeks, and had lost flesh and strength. Upon careful examination nothing abnormal could be detected in regard to temperature, appetite, tongue, bodily functions, etc.—the urine being only slightly phosphatic—but as he looked anxious and ill, he was put to bed and dieted. Next day there was tenderness in epigastrium and hepatic region, without enlargement of liver, and weakness of respiratory murmur on right side. The sternal half of the right clavicle was found to be enlarged, in consequence, apparently, of a fall some years before. The hear-sounds were normal. During the next ten days he began to lose appetite, and to vomit after meals—the vomiting becoming gradually more frequent, with ejection of a bitter liquid of the color of yolk of egg, or green. There was no rise in temperature, and no localized tenderness in any of the bones. The patient was removed to hospital, and died forty-four days after admission. In hospital he became very weak and thin. There was much tenderness about the chest-walls and some swelling over the sternum for a few days. Epistaxis occurred several times; the bowels became very costive; appetite failed completely. Death set in by exhaustion. The post-mortem examination seemed at first to throw very little light on the nature of the disease which had, during life, sorely puzzled the members of the hospital staff. The body was greatly emaciated; the skin was of a white, waxy color. The organs of the abdomen were very pale and bloodless; all the fat had been absorbed; the liver and kidneys were healthy, as also the pancreas and spleen. The stomach presented the cicatrix of a healed ulcer with a hard, gristly base; the glands along the lesser curvature being enlarged and gristly. The blood-vessels were healthy, but contained only pink serum. The lungs were bloodless but healthy, with old pleuritic adhesions at the right apex. The heart and great vessels were normal, but contained only serum. So far, nothing had been found to explain the great anæmia-changes which were everywhere apparent.

The case might have remained a mystery had not one of the ribs been accidentally divided at a bony part in the removal of the sternum. Though apparently healthy from without, it was found to be quite soft, its cancellous tissue having broken down and having been replaced by a pink, creamy matter.

Other ribs were in the same condition, as well as the sternum, the clavicles, and the femora. Dr. Knott, who reports this case, thinks that this general chronic osteomyelitis was the initial disease, and that the extreme anæmia was the result of this hidden cause. He suggests that, if this interpretation is correct, it goes to strengthen the theory that the red corpuscles of the blood are formed originally, or in some way matured, in the marrow and cancellous tissues of the bones.

These cases are instructive, in that they show the inevitable tendency of the disease, and indicate the only treatment that presents any hope of a cure. The cardinal rule that pus should be evacuated and the absorption of its poisonous products prevented, applies alike to abdominal and thoracic cavities, to the residence of the brain and the medullary substance of bones; to tissues hard and tissues soft; and that, too, irrespective of the agency of the ubiquitous microbe.

CINCINNATI, O.

---

## ANTISEPSIS AND CARE IN ITS APPLICATION TO OBSTETRICS.

By J. KENT SANDERS, M.D.

**A**SEPSIS and antisepsis have done so much to lower the death-rate in all large lying-in hospitals, and that of private practice as well—though in the former the reduction is the more noticeable,—that it is hardly necessary to call attention to the statistics, however interesting they may be.

Absolute asepsis, or in plain English absolute cleanliness, has been and will be had many times without the use of an antiseptic. We may not have asepsis and yet think we have, because the patient may be in such a condition as not to take on a septic condition easily. Which of the two propositions holds good in the majority of cases, it is impossible to say. We never know but what the next case may be one where our asepsis is not perfect, and where our reckless trust in the patient's resisting powers is in vain.

Clinical experience and experimental research have done much lately to aid us in acquiring antiseptics which can be used without any bad effects.

There has been a tendency to use antiseptics too strong, and with a certain recklessness which has undoubtedly brought deserved disrepute on their use. It is the object of this paper to call the attention of the society to the solutions which stand the test of use and experimental research. Within a year there has been a table published of antiseptics, which have been experimented with in cultures at the laboratories of Prudden, of Philadelphia, and J. E. Weeks, of New York, and which help us very much.

All antiseptics are not germicides, although all germicides are antiseptics. That is, we may have a substance in which disease germs and the organisms which produce putrefaction cannot grow, but which do not kill the germs if present. A perfect antiseptic should be a germicide.

Many of the so-called antiseptics have the power of destroying sulphureted hydrogen and are powerful deodorizers. Many act by virtue of the water with which they are used, it being a well-known fact

that material which in original form would be a breeding-ground for germs is rendered comparatively neutral by dilution.

Taking the table of J. E. Weeks, of New York, and drawing your attention to these solutions only, and strength of solutions which are even used for vaginal and intra-uterine irrigation, we find first :

1. *Corrosive sublimate* is a germicide ; will destroy germs in solution of 1 to 10,000 in five minutes ; 1 to 20,000 in twelve to fifteen minutes.
2. *Carbolic acid* is a germicide ; will destroy germs in solution of 1 to 60 in four minutes ; 1 to 100 in fifteen minutes.
3. *Salicylic acid* is a germicide ; will destroy germs in solution of 1 to 1000 in four to five minutes.
4. *Creolin*, much used at present, is a germicide ; will destroy germs in solution of 1 to 100 in twenty to thirty minutes, but in the solution recommended by the journals as a douche, 1 to 200, is not an antiseptic even.
5. *Listerine* is a germicide ; will destroy germs in solution of 1 to 2 in eight minutes.
6. *Thymol* is not a germicide in solution of 1 to 3000, and only feebly retards development in solution of 1 to 4000 commonly used.
7. *Boric* or *Boracic acid* is not a germicide ; is antiseptic in solution of 1 to 400, but does not destroy in any strength.
8. *Sulphate of zinc* does not affect germs in solution of 1 to 10.
9. *Chloride of sodium*. Salt does not affect germs in solution 1 to 8.
10. *Bicarbonate of soda* does not affect germs in solution of 1 to 10.
11. *Acetic acid* dilute, or vinegar, does not affect germs.

Let us look a moment at dangers and inconveniences from the use of our best antiseptics according to this table :

*Listerine* in 1 to 2 solution has given rise to toxic conditions after continued use ; symptoms as nausea and vomiting or diarrhœa being present.

*Salicylic acid* will give its toxic symptoms after continued use in solution 1 to 1000, a general pruritus sometimes developing.

*Creolin* has been so short a time before the profession that it is hardly safe to say there is no danger. It has, however, proved very irritating in 1 to 100 solution, and cannot be used more than once.

*Carbolic acid*, beside the local irritation it produces often, after repeated using of a germicidal strength, has often produced toxic effects, and I think there are many unrecorded fatal cases of clonic poisonings from this drug.

*Corrosive sublimate* has had more cases of fatal poisoning attributed to its use than any other drug used in this way ; *but* out of the many recorded cases there has been no case of fatal poisoning where the injections used were not stronger than 1 to 3000. Toxic effects have been produced by a prolonged use of a 1 to 10,000 vaginal douche, but

it amounts almost to a idiosyncrasy to that drug in such a case. In cases of this susceptibility a 1 to 20,000 douche more slowly given would do as well.

A word as to making a solution of cor. sub. Solutions in ordinary water within a few hours have a precipitate of albuminates form, especially if there is a trace of ammonia present. After such precipitate forms the solution is much more irritating and the germicidal powers are lessened. The habit of having a standard solution, say of 1 to 1000, and diluting to the required strength when needed, is open to the objection that unless made from distilled water and kept in glass-stoppered bottles, it is liable to changes such as mentioned ; also if the douches are left to the nurse or attendant, they are much more likely to err on the side of strength rather than weakness, as it is very hard to persuade some medical men that so weak a solution is of service.

I have so far spoken of antiseptics as coming in contact with the mucous membrane of the vagina and uterus. For the proper cleanliness of bed-pan, vessels, and receptacles for soiled rags, etc., a stronger solution than 1 to 10,000 is to be recommended ; 1 to 2000 (1½ minutes) however, acts so quickly as to sufficiently strong for cleaning.

CLEVELAND, O.

---

### ORIGIN OF CHILDREN'S DISEASES.\*

By M. MAY HOWELLS, M.D.

**I**N the continuous and often fruitless search for a tangible cause for the different forms of children's diseases, we too often overlook the causes closest at hand, upon which the conditions of health most intimately depend. With hygienic zeal we search our drains for poisonous germs, analyze our drinking-water, inspect milk and meats, pass rigid laws upon the manufacture of oleomargarine, shake our heads sadly over the adulteration of black pepper, make up wise faces when glucose is spoken of, or we discuss the never-ending topic of the best methods of house heating ; in short, as Froebel prettily puts it, "We overlook or despise the simple, natural, and easy, available means close at hand, and seek help from afar, although in the establishment of the welfare of mankind help is only *in and through* ourselves."

After this preamble, we come to the point of assertion, that the mass of disease does not originate in the children themselves, but has its beginning in their progenitors. The fact that parents in themselves are responsible for the health of their offspring, any further than in their relations of food and raiment providers, is so generally either ignorantly or willfully overlooked, that there is little cause for surprise

---

\* Ohio Hom. Med. Soc., 1890.

over the constantly increasing aggregation of the more serious forms of disease. "Honor to whom honor is due"; responsibility to whom responsibility belongs!

A heritage of health, more valuable than the fortune of millions, is the birthright of every child; but the erring parent defrauds the child of this birthright, and puts the blame or responsibility into the guiltless hands of the all-wise Creator, thus leaving himself in freedom as to such irregularities of life and self-indulgence as he may desire. Just so long as parents shall thus continue to put the love of self before the good of their offspring, just so long will the lists of children's diseases increase.

As long as physicians evade *their* duties of properly instructing parents in the responsibility of parenthood, just so long may they look for discouragement and defeat.

We do not propose to weary you with statistics, but will simply refer you to your own experience and to the able records of many gifted physicians, who testify to the large percentage of disease which may be either directly or indirectly traced to that fountain-head of vice, adultery. Subtract this large collection from the general mass, then proceed by the process of exclusion to remove all the epileptic and nervous disorders tracable to alcoholism and tobaccoism; further, deduct the mass of suffering begotten of mothers who have defied all nature's laws in dress or in dissipation of fashionable life. Take all these away, and what have we left?

Look forward, if you can, to a condition of the world when all children are born of virtuous parents, with no taint of alcohol or tobacco poisoning in their veins; whose bodies have been builded in the sound wombs of vigorous, healthy mothers. These conditions, coupled with the wiser methods of mental development, which must naturally follow wiser physical knowledge, would laugh "bacteria" into oblivion! The ordinary discomforts and exposures of life would make little impression on the vigorous little bodies; and who knows but that even those slumbering, invisible germs which respond to the poisons of scarlet fever, measles, and whooping-cough, might finally cease to be.

A science which builds only for the present, whose disciples work for present, personal interests, with no care for the true principles of their philosophy, or for its life in the future, must sooner or later become a weak structure.

To be wise teachers (doctors) of health, we must be careful observers of the divine laws of nature in all forms of life; must revere all self-abnegation that tends to the higher development of body and mind—may we not add, soul? Upon no member of our profession do these duties devolve more heavily than upon the one who seeks his province



in pædology. The future physical, mental, moral good of humanity lies largely in his hands.

To what profession or body shall the world look for a code of laws by or through which higher states of physical development shall be attained, if not to ours? The permanent success of all other educators rests upon the successful working out of the higher principles of the science of health.

In years gone by, *any one* was thought good enough to instruct *little* children; now we are wiser, and require in the instructors of our youngest bits of humanity, a diversity of knowledge formerly not looked for in a college professor. Physicians in the care of little children must realize the future good of generations that may grow from the wisdom of their teachings. The immutability of the laws of heredity, the long-lasting physical evils resulting from the habitual use of various poisons, is rapidly claiming the attention of the world; even our legislators are resolved not to be left behind! Our neighboring State, Kentucky, has now a bill under consideration to prohibit the marriage of idiots, murderers, tramps, drunkards, and vagrants. Our own State with others has deemed it wise, for the preservation of the health of its future generations, to have the youth of our schools instructed as to the evil results following the use of alcohol and various narcotics; and has also enacted laws prohibiting the sale of alcoholic liquors and tobacco to minors.

Shall physicians lag behind in this fight for physical, mental, and moral growth—for the glorious physical perfection of humanity? The basic work of the physician is necessarily that of a reformer. Is it not his work to reform the bodies made helpless through disease; to rebuild by the aid of his art the organs weakened through ignorance or willful abuse?

All life is sustained through the perfect union of spiritual and natural laws; their indivisibility is everywhere manifest. Crime breeds disease just as surely as diseased bodies weaken the mental and moral faculties. Gluttony begets drunkenness, drunkenness epilepsy and vice; the children of the dyspeptic are nervous and ill-tempered; the vixen is mother to the murderer; the licentious bequeath corrupt flesh, ill-formed bones, weak minds—thus is the chain of humanity weakened, and will only be made strong when spiritual and physical laws are obeyed *as one*; when each and every natural appetite or passion is governed by love and wisdom. Chastity, sobriety, and healthful dress are the pillars upon which the strength of mankind rests, and how their truths shall best be given to the world, is a problem for the wise physician to solve!

We close this paper with a short quotation from an able article written by Prof. E. R. Booth of our Cincinnati Technical School, and

a few other lines bearing upon this subject, which we extract from an article written by Mrs. Stanton for a late number of *The Arena*.

Prof. Booth says: "The natural growth of all the powers of the child is a subject of vast concern. . . . The perfect performance of all the ordinary functions of life is happiness itself, but the more important in that it leaves all the higher powers untrammelled in the performances of their functions."

Mrs. Stanton expresses herself with great beauty and truth when she says: "The first step toward making the ideal the real, is to educate our sons and daughters into the most exalted ideas of the sacredness of married life, and the responsibilities of parenthood. I would have them give at least as much thought to the creation of an immortal being as the artist gives to his landscape or statue. Watch him in his hours of solitude, communing with great nature, for days and weeks in all her changing moods, and when at last his dream of beauty is realized, and takes a clearly defined form, behold how patiently he works through long months and years, on sky and lake, on tree and flower, and when complete, it represents to him more love and life, more hope and ambition, than the living child at his side, to whose conception and antenatal development not one soulful thought was ever given. To this impressible period of human life few parents give any thought; yet here we must begin to cultivate the virtues that can alone redeem the world."

HARTWELL, O.

---

### ULCERATION OF EXTERNAL COAT OF STOMACH.

By A. A. LOVETT, M.D.

I WAS called on Saturday night at 9.30 o'clock (March 22, 1890), to see Mrs. R., and found her suffering intensely with a severe flatulent colic. She had been suffering for several hours, and it was only when the usual remedies failed to relieve her, as they had frequently done in many former attacks, that I was called. Her abdomen was slightly distended, and the extreme tenderness, skin bathed in cold perspiration, and many evidences of shock, showed me I had a serious case to attend. My efforts to relieve her were entirely futile, except to establish for a time a better circulation—manifest in returning warmth. Injections per rectum were unavailing, and the insertion of a rectal tube twenty-four inches long with copious use of hot water produced no favorable effect. Neither could I obtain any relief by frequent attempts at emesis—in fact was not able to produce vomiting at all. I will say right here that I had given faithfully chamomilla, nux v., which seemed to be indicated, which like all my other efforts only ended in discouragement. The suffering, as well as the tympanites,

increased until, before the light of morning, my patient was a corpse. I attempted to relieve the tympanites by puncture with an aspirating needle, but was too late to give any relief. My patient was dead, and you may feel confident I stood by as ignorant of the cause of death as I had stood helpless in averting the speedy and frightful disaster.

Autopsy about thirty hours after death.

The peritoneum showed indications of slight inflammatory action. At the union of the ascending and transverse colon, a twist in the bowel completely occluded the intestine and accounted for the fact of the persistent retention of gas.

There was about two quarts of a coffee-like or brownish-looking fluid in the peritoneal cavity.

On drawing down the stomach I found an enormous cancerous ulceration on the great omentum, and left external surface of the stomach. The tissues were in so high degree of degeneration as to offer but slight resistance, and a small perforation showed through into the cavity of the stomach. The ulceration had been undoubtedly encysted, and rupture of the cyst had occurred a few hours before my visit. Large masses of clotted blood adhered to the degenerated tissues of the seat of the ulceration. There was, however, very slight infiltration of the tissues; and this fact was remarkable, that no swelling or fullness was noticed by patient or friends previous to death. She was very slender and emaciated, and any tumor would have readily been noticed. The perforation of the stomach explained my failure to produce emesis. There were several small cysts on the right appendage of the uterus. The liver and spleen were healthy in appearance. I removed from the gall cyst three hundred and twenty-five gall-stones.

The history of this case contains some remarkable features. While the lady had been my patient for years, I had not seen her but once or twice since last August—when I delivered her of twins prematurely born at seven months, one of which is living.

Some two or three months since her husband called for medicine, claiming his wife was suffering from chills and fever, and for a good part of the time she was confined to the bed. I treated her on his diagnosis without seeing her, and received frequent reports of gradual and steady improvement until she was able to be up and attend to her household duties. She did her washing and ironing, reported increased strength, and excepting some pain in stomach, which was reported to me as dyspeptic, ate well and suffered little or no inconvenience.

She was apparently lively and well all the week, attended church each night, did a large Saturday's work, prepared dinner and ate quite heartily, and during the afternoon was taken with a pain in the stomach with the termination as stated above.

It is utterly inconceivable to me how any one could live with so extensive an ulceration on vital parts, and be able to perform the duties which she did. I could only expect complete prostration for months before the necessarily fatal termination. The ulceration was very extensive, and I am safely within bounds when I say it covered a space of twenty-four square inches. The limited amount of suffering which the woman gave evidence of is the strangest thing in my experience.

EATON, O.

---

### INFANT DIARRHŒA.

By WM. OWENS, SR., M.D.

**M**R. PRESIDENT, and Gentlemen :—The term “infant diarrhœa” is applied to various bowel affections of children under two years of age, and is more frequently found among those children who have been badly nourished or illy cared for, or those who have inherited some form of constitutional dyscrasia.

Healthy children—those properly cared for—should seldom suffer from this affection. It is also usually found upon those children who are undergoing the process of first dentition, and is much dreaded by mothers who have been over-indulgent to their offspring. Under favorable conditions this period should give no more anxiety than any other. To avoid this much depends on hygienic conditions and diet : upon these topics many volumes and essays without number have been written. While most of the writers agree upon general principles of management, they differ widely in details of diet and hygiene. Each has some favorite article of food or prejudice as to articles of food, dress, exercise, or bathing.

The physiology of infant nutrition has of late years received a large amount of attention from the medical profession, with a view, if possible, of reducing the mortality among our infant population. It cannot be said that the results have been entirely satisfactory. It is conceded that for the first year of infant life the mother's milk is the most natural and appropriate nourishment for it, and should, under all ordinary circumstances, constitute its chief diet. And yet this is often a source of trouble, and gives rise to persistent diarrhœa. The milk of a nurse, cow, or goat, may be good or bad according to their surroundings. If the mother or nurse have indulged in improper foods or drinks, or have become exhausted from exercise, or have passed through unusual mental excitement or anger, the milk generally becomes unfit for the child. The same is true in regard to the milk of the cow or the goat. During the first and second years of infant life is usually laid the foundation for that just accusation, that “Americans are a nation of dyspeptics.”

To this period of mismanagement of infant life may be charged

much of the future miseries of our American people. Thus it will be found that much of the good or evil of our after-lives may depend upon our dietetic habits of childhood. As a general rule, if a child is in good health, and his nutrition properly cared for, he will quite readily digest most ordinary articles of food. When the child is ill or has impaired digestion from bad living, the reverse is the rule.

When the child's stomach rejects food from whatever cause, it becomes our duty, as physicians, to investigate and ascertain, if possible what the cause is, and remedy it. It may be in the stomach itself, or in some remote organ. When food taken is not digested, it may be disposed of in two ways, by emesis and by stool. These efforts of nature are usually the precursor of that morbid condition known as infant diarrhœa. If undigested substances be found in the stools, the food must be changed and more suitable food substituted. Among these we may suggest meat broths, the white of eggs stirred in cold water, slightly sweetened barley and rice gruels boiled a long time; boiled or roasted wheaten flour afterward grated and boiled in milk and water, equal parts. If the child is past one year of age scraped raw beef or lamb, a teaspoonful two or three times a day. Many cases of infant diarrhœa arise from over-feeding. The remedy for this condition is to feed less or even suspend food for twelve or fifteen hours. Here the meat broths and eggs are invaluable. Should the diarrhœa tend to become chronic, allow the child to suck boiled or fried fat of ham or bacon, and for drink, barley water or rice water only. Thin meat broths may be allowed.

In these cases medicines are of much less importance and should be subordinate to diet and hygiene. Without these medicines alone will accomplish but little.

As long as food improper in quantity or quality is allowed, medication is but little value. When it is deemed necessary to administer medicines they may be selected according to the following indications :

*Arsenicum*.—Stools thin, watery, scant or copious; may be green, yellowish, white, or like rice water, or undigested food after eating; rapid emaciation—great thirst, take but little water at a time.

*Belladonna*.—After a chill, vomiting; stools green, slimy.

*Bryonia*.—Charges to hot weather—following cold drinks; stool yellow, bilious, slimy.

*Chamomilla*.—Following cold drinks, yellow, bilious, slimy, watery like beaten-up eggs, griping, colic, pains in bowels worse after passion.

*Ipecac*.—During hot weather with nausea, vomiting of food and watery substances.

*Mercurius dulcis*.—Discharges acrid, dark, grassy-green, frequent, painful.

*Veratrum Alb.*—Discharge large, watery, frequent; thirst great; cold or clammy extremities.

*For Changes of Weather.*—From warm to cold, *Dulcamara*.

*For Teething.*—Cham., Bell., Kreosote, Merc. v., Sulphur.

*For Sour Stools.*—Rheum., Cham., Lycopodium.

*For Gushing or Explosive Discharges.*—Secale and Croton tig., Phos.

*Lienteric diarrhœa.*—Ars., Nux v., Croton tig., Oleander.

*Croton tiglium.*—Discharges large or small, loose, watery, turning greenish, yellow, liquid, papescent, comes with force; slight straining afterward; Heat in the mouth—wants cold things.

CINCINNATI, O.

## INFANT FOODS.

By B. F. UNDERWOOD, M.D.

ONE of the most, if not the most, pressing questions in medical art vexations to-day as it has been for ages, is that of infant feeding. Continually thrusting its unwelcome presence upon us, like Banquo's ghost it will not down at any one's bidding, but persistently demands solution. Demands it the more persistently that upon its proper solution depends the life or death of countless children. The deadliest foe to infant life lurks in the nursing bottle; beside this the dreaded germ-engendered diseases play but a minor role in swelling the death rate of infancy, for though they may number their victims by the thousand, the ailments originating in faulty assimilation count their slain by the tens of thousands. Gaunt and grim phthisis is but a puny destroyer beside the wasting diseases of infancy.

While all physicians will agree with the statement just made and upon the important part that improper or insufficient food plays in the production of the diseases of early life, they will continue to exercise their time-honored right to disagree regarding the answer to the question, What is the proper food for an infant? To the statement that the mother's milk is the best possible food for the child there will be no dissent, but when this fails, and we are perforce compelled to seek a substitute, opinions are as divergent as the poles. While one physician pins his faith upon arrowroot and gelatine, another, equally learned and experienced, will have nothing but condensed milk, and another holds only to chemically prepared food. It is undoubtedly true that each of the many different kinds of infant foods possess some special advantages, and with each a fair measure of success is attained; but what is suited to one child fails utterly with another, and the perfect food has not yet been evolved: and yet there does not appear upon the face of it any reason why a perfect food cannot be made; a food

that will be easily digested and readily assimilated by all children not radically defective. It goes without saying that the ideal infants' food must, physiologically and chemically, approximate the mother's milk; that it must contain nothing not found in milk; and, as cow's milk is the nearest natural approach to such a food, it must presumably be made from that material.

In the majority of cases pure cow's milk, properly diluted, is the best infants' food to be obtained at present, but the difficulty of obtaining, particularly in the large cities, a pure and healthy milk, greatly complicates the problem. Under these circumstances condensed milk, particularly where careful supervision is had of the milk supplied, possesses decided advantages, but possesses also a corresponding disadvantage in the excess of cane sugar added for preservation purposes, and which is liable to induce digestive disturbances on its own account.

A decided step in advance is the preparation of a condensed milk which is dependent for its preservation upon the thorough sterilization of the milk by heat only, as the Highland brand of the Helvetia Milk Condensing Co., which is a smooth, homogeneous, cream-like fluid, retaining the pleasant and natural flavor of the milk. As thorough and careful supervision is exercised over the quality of the milk supplied, as well as over the thorough disinfection of all articles used in the process of condensation, which is absolutely necessary to insure the success of the sterilization, this offers the best answer to our question to-day, and it is upon this line that the perfect infant food must come.

In the Highland brand, as in all condensed milks, the casein is so modified that it coagulates in lighter and more flocculent curd than in the uncondensed milk, but the amount of casein is still in excess, and the proportion of fat and milk sugar below what is necessary to approximate the composition of mother's milk, but so much having been attained we may confidently hope for a milk that, reinforced by the addition of sufficient milk fats and sugar, may be sterilized and condensed in similar form to the Highland brand, making, when properly diluted, the ideal infant food.

KEYPORT, N. J.

---

### RARE CASES OF ABDOMINAL SECTION.

By JOHN DEETRICK, M.D.

MRS. W., age twenty, bilious temperament, married eighteen months, menses regular; noticed after five months married, an enlargement of the abdomen on right that continued to increase in size. Her mother and friends informed her that she was pregnant. She enjoyed good health, and increased in flesh, and experienced no physical disturbance or annoyance whatever. Nine months after first notice of

abdominal enlargement, which grew steadily in size, she concluded, after consulting with her husband, to have an examination to determine what was the trouble, she having doubts of existing pregnancy, as she continued to menstruate regularly.

Her mother opposed any examination and told her to wait. Three months later she had occasionally pains which increased in frequency and severity. Her friends informed her that they were wild labor pains.

One night I was called to attend her in supposed labor. Several of her friends, who had borne children, informed me, when I arrived, that she had regular labor pains, which were increasing in frequency and severity, but stopped immediately when I arrived. As we all occasionally meet similar conditions, my course of procedure is simply to wait. In this case I waited two hours for a return of the pains. The patient then asked me if she would be confined that night? I replied that with her permission I would have to make an examination before I could answer her question. Her consent was readily given.

Upon examination, I found a virgin os, no indications whatever of conception within the uterus. Placing my left hand upon the abdomen, with right index finger the uterus was movable, but to the right was an indurated firm mass the size of an apple, surrounded with encysted fluid. Made no farther examination, and informed her that she would not be confined that night, and left the bedroom for the dining-room, under the pretense of getting a glass of water, my object being to inform her husband of her condition. He advised me to tell her that she was not pregnant, and I did as requested. She wanted to know what was the trouble. I said that I would call to-morrow and bring my gynecological satchel, and with her permission make a complete examination and inform her of her condition.

Examination.—Mensuration, percussion, palpation, specular, vaginal-bimanual, rectal-bimanual.

Diagnosis.—Encysted tumor of appendages of right side of uterus.

She was very fat, and increasing in flesh, full red face; some of the characteristic signs of ovarian tumor.

In answer to my diagnosis she simply said: "Can it be removed?" "Yes." "Can you remove it?" "I think I can." "Well, you must remove it!" "When?" "To-morrow; the sooner the better!"

"Madam, you do not comprehend the magnitude and risk of its removal. Do you want a surgeon from Cleveland to perform this operation?"

"No. I want you, and as few doctors as possible."

"Madam, I will not undertake this without the consent of your husband and friends."

They said her wishes should be complied with in everything.



*Operation.*—The parlor was prepared as an operating room by removing all carpets, blinds, curtains, all articles of furniture, thoroughly dusting ceilings and walls. All wood, and floor, stands, and tables were washed with carbolized solution. A large steam antiseptic atomizer sprayed one hour after all was arranged in the room, the evening before the operation, and one hour before operation. Temperature of room 100 degrees F. (This high temperature is always better for the patient, but hard on the operator.)

Patient prepared with all antiseptic precaution the evening before, and again in the morning by the nurse. Anæsthesia of alcohol, chloroform and ether, equal parts, was administered in adjoining room. When under the influence of anæsthesia, abdominal enlargement lessened one-third. Upon palpation with pressure the encysted induration spread all over the abdomen, and percussion similar to ascites, giving quite a contrast with former examinations. One physician present disputed my former diagnosis, but would not give one of his own, and advised not to operate. I replied the anæsthesia had relieved the accumulated gases, and the pressure had ruptured the sac and the contents into the abdominal cavity, and I would proceed with the operation.

All instruments being submerged in hot carbolated water, I made an incision in median line about two and one-half inches, but owing to the walls being three inches thick, I enlarged the incision to four and one-half inches.

Omentum thick and indurated and adhered to pubic arch and surroundings. It was separated with care, and raised, followed with a rush of dark blood resembling ink, about six quarts in quantity. The patient showed strong symptoms of collapse, but reacted after hypodermic injections of brandy and inhalations of amyl nitrate.

There existed a small tumor about size of an apple adhered to right ovary, fimbriated portion of fallopian tube, broad ligament, and pelvis. All adhesions separated and tumor removed. It was encapsuled. Irrigated freely with hot (105 degrees) distilled water. The lower portion of omentum was indurated, and adherent blood clots, etc. This portion was ligated and removed.

The operation showed a intra-peritoneal hæmatocoele, increasing with each menstrual period, without any history whatever; none of the indications. Abdomen closed with deep silkworm sutures, and glass drainage tube. On fifth day patient had an outburst of malaria, with temperature of 105 degrees; no septic condition or inflammation, and made a good recovery.

Three months later she became pregnant. Ten days before delivery I was called, and found the following conditions: wild pains, severe distress in kidneys, only about two ounces daily of urine, with heavy

deposit of albumen ; feet, limbs, face, hands, arms, and body swollen and œdematous ; also ascites. All the abdominal walls covered with erysipelatous indurations and discolored. She informed me it began first in lower portion of sore where the drainage was located for two days after operation, and extended over abdominal walls. There was a rash preceding the erysipelas that had already reached the extremities. Temperature 103 degrees, pulse 120, bowels constipated.

Certainly a gloomy outlook !

*Treatment.*—Aconite and apis, hot sacks of salt to the back over kidneys, used a hydrogogue laxative of elaterin ; this relieved the ascites. Used indicated remedies for kidneys with desired effect. After one week's attendance I had the pleasure of seeing my patient doing nicely, and exactly one year to date, after thirty-six hours labor, she gave birth to a daughter, followed with inertia of the uterus ; all remedies and methods, including electricity, failed to excite contractions, and after eighteen hours gave chloroform and removed placenta. She made a good recovery, and ever since continues in good health and very fleshy.

CASE II.—Mrs. D., aged thirty-six years, lymphatic temperament, weight 275 pounds, married eighteen years, never pregnant, menses regular, and good health. Last ten months noticed general enlargement of abdomen, which became oppressive, unable to sleep ; dyspnœa, impaired appetite, etc., within the last months. I was called in for an opinion. Simple palpation revealed encysted fluid.

*Examination.*—Gentlemen, think for a moment,—a very large fat woman, weighing 275 pounds, with very thick abdominal walls that measured five inches in thickness. Very sensitive, narrow vagina and rectum, that even after the use of three drams of 5 per cent. solution of cocaine in each, you can barely introduce the forefinger into the rectum ; then imagine the task to make a correct differential diagnosis.

The uterus barely within reach, slightly movable, and no indications of ever being pregnant.

Vaginal bimanual examination owing to the extreme thickness of abdominal walls ; results, *nil*. Rectal examination very painful, with tenesmus, unable to move or turn the finger.

Recto-bimanual, *nil* ; palpation showed the wave, or fluctuation.

Deep percussion revealed a large encysted tumor filling all of the anterior abdominal cavity. I suspected encysted peritoneal dropsy. Rigid inquiry failed to find any history of peritonitis.

Diagnosis, cystic tumor.

*Operation.*—Incision in median line  $4\frac{1}{2}$  inches long, and  $2\frac{1}{2}$  inches deep ; arrest hæmorrhage with pressure forceps ; incised deeper. Still deeper, continue, the peritoneum anxiously looked for ; at last at depth of 5 inches by measurement it is found ; blood-vessels are visible ;

peritoneum raised with small forceps and nicked, but not through ; free bleeding, frequent sponging, with pressure. Deeper incision, continued oozing ; used calendula, warm water, and other hæmostatics ; they all fail to control the oozing ; decided to open the thick peritoneum quickly, and use pressure forceps to arrest the hæmorrhage ; result, a free discharge of acrid, yellow fluid of five gallons in quantity. Introduction of the hand discovered a large cavity formed by omentum and peritoneum ; peritoneum  $\frac{1}{8}$  inch in thickness, covered with numerous tubercular deposits ; flushed with 105 degrees distilled water. Unfortunately at this period of operation the rubber tubing of Allen's surgical pump ruptured, and we were compelled to turn that heavy 275-pound patient frequently on her side to drain, risking the strain of breakage of operating board used as a table. Further examination detected a hard mass in left pelvis.

The omentum adhesions were severed, giving access into abdominal cavity and pelvis, discovering a large papillomatous tumor of all left uterine appendages, and fast to pelvic walls, and immovable.

I never had a case of laparotomy die on the table, and I decided not in this case, as the papillomatous tumor could not be safely removed, and all my assistants fully concurred, with the humiliation of my first-incomplete operation, for two different tumors. Flushed abdominal cavity freely with distilled water, and closed with long glass drainage tube, and silk sutures.

A hard task of closing a five-inch deep wall without suitable long laparotomy needle. Hereafter, may the Lord deliver me ! and to avoid a similar task I have invented the laparotomy needle that I prefer in all cases of laparotomy.

The patient made a fair recovery. The majority of the sutures cut through the thin integument, and dropped to bottom of incision, and there was union by first intention, except in suture tracts. I had a delicate fishing job for the sutures at the bottom of the deep incision.

This patient died five months afterwards with a severe attack of double pneumonia. No post mortem permitted.

And in conclusion in this case it was impossible to make a differential diagnosis of what variety of cystic tumor. My remembrance from perusal of works on abdominal surgery do not give any differential diagnosis of encysted peritoneal dropsy from other cysts. Grieg Smith says : "In many cases encysted dropsy of the peritoneum cannot be diagnosed from ovarian cysts." In rectal examination, in majority of cases, you can feel the ovaries, which would be differential. In this case the papillomatous tumor, accompanied with vaginal and rectal tenesmus, made digital examination almost impossible even when under anæsthesia.

One of my assistants arrived when all was ready to proceed with

operation, and to convince him that the patient was not pregnant I attempted to drag down the uterus with vulsella forceps and use uterine sound, and had him use the sound, before he was convinced that she was not pregnant.

I would advise inexperienced operators not to be anxious to operate on excessively fat, large women.

**CASE III.**—Mrs. H., aged twenty-three years, nervous, sanguine temperament; married two years; weight 112 pounds; one abortion at two months. She noticed a small tumor on right side of abdomen that enlarged steadily for three months before examination, with accompanying ill health.

Examination showed a tumor of right broad ligament, supposed to involve the ovary.

Diagnosis, cystic tumor of right uterine appendages, very probably ovarian.

Two weeks later she noticed the tumor extend all over the abdomen, with severe pains, diarrhœa, and flooding, that was controlled by medicine; excessive tenderness of all the abdomen, and with inspection resembled ascites, with ovarian facial expression.

Owing to the extreme hyperæsthesia and delicacy she would not permit a second examination, and positively forbade it when under anæsthesia before the operation.

**Operation.**—Incision in median line  $2\frac{1}{2}$  inches; when peritoneum was opened there gushed out a fluid, in all about six quarts. Lengthened incisions. The intestinal coats were thickened, and peritoneum, yes, all of the contents of abdominal cavity, were covered with a substance resembling gelatine, glutinous, interspersed thickly with tubercular deposits of various sizes.

Examination showed there was a cystic tumor of the broad ligament that ruptured into the abdominal cavity, undoubtedly at the time referred to when the tumor suddenly extended all over the abdomen, followed with severe pains, diarrhœa, metrorrhagia, etc.

Flushed abdominal cavity very freely with hot distilled water, and closed with drainage tube. Patient recovered from operation, and steadily improved with the use of iodide of arsenic, and in time fully recovered. Even at the end of six months she still showed by her appearance the general contamination of her whole system by the discharge of the acrid contents of the cyst into the abdominal cavity.

This case teaches us the baneful, deplorable lesson of procrastination, of waiting, as all abdominal surgeons too often observe.

**CASE IV.**—Mrs. W., aged thirty-nine; Two child-births, youngest child two-and-a-half years. First noticed enlargement of abdomen four-and-a-half years ago. Treated by five old-school doctors for dropsy. Examination.

Diagnosis, ovarian tumor of left ovary, monocyst of large size.

*Operation.*—Two and a half inch incision in median line ; discovered no omentum, adhesions of tumor or partitions ; contents amber-colored fluid, no pedicle ; total weight  $56\frac{3}{4}$  pounds. Tumor extended into folds of broad ligament, with base of four inches. Owing to the diseased ovary and surrounding wall of cyst, I could not make a pedicle. The only remedy was to introduce three ligatures below round ligament, and close in three segments. There were not two drams of blood lost during operation, and the temptation was great to close without drainage tube. I used one as a precautionary measure, and removed after forty-eight hours. On third day there was considerable hæmorrhage that oozed for two days. All attempts to introduce any kind of drainage tube, large or small, in former opening of drainage, failed. Even attempts to flush abdominal cavity failed, not wishing to give anæsthesia and open incision. The discharge of blood was followed within a few days with pus, that in time became very profuse and offensive. I was greatly tempted to puncture Douglas's cul-de-sac, and introduce drainage tube.

The patient showed no signs, otherwise, of danger, and was doing remarkably well. Pulse, temperature, appetite, all normal, no pain. All I did was to give indicated remedies, and turn patient frequently on the side, and partly on face to drain off discharge, that in ten days amounted to nine pints in quantity, then ceased.

Patient's convalescence continued steadily, without any disturbing factor whatever from the hæmorrhage and free discharge of pus that came from the broad ligament and blood-vessels, and silk ligatures and stumps of pedicles.

In all of my cases of laparotomy, I leave one to two pints of hot distilled water within abdominal cavity. We always find a fluid there, why should we not leave one in its place ? Hot water has a tendency to arrest oozing and clotting of blood, and will assist reaction of patient, valuable guard against congestion and inflammation, and will assist drainage.

In this mode of treatment with temperature of room at  $100^{\circ}$ , my observation is that all patients do not experience that degree of surgical shock, in fact no apparent shock or collapse, as I have observed in cold operating rooms, with vomiting and high surgical fever following the reaction.

YOUNGSTOWN, O.

---

—The use of the faradic current in the treatment of postpartum hæmorrhage is highly extolled by a writer in the *Jour. of the Am. Med. Ass.* Every obstetric bag, in his opinion, should be supplied with a good pocket battery.

## EXPLORATORY INCISIONS IN THE ABDOMINAL CAVITY.

BY ALBERT CLAYPOOL, M.D.

AT the meeting of this Society, held in 1885, I read a paper entitled "Exploratory Incisions in the Abdominal Cavity," in which I maintained that it was good practice, in obscure diseases in that cavity, that produce severe or serious effects, to promptly make an incision and learn the cause of the trouble, and if possible remove it.

I held that a correct diagnosis in many of these cases was impossible, or very doubtful at least. That we seldom knew what we should find until we had cut down to it, and that in case we found a condition that we could not safely remove, the patient was in no wise worse than before we began, and we had gained a positive knowledge that was of value to herself or family. I said that the mortality in abdominal surgery was largely increased by delaying operative interference until the patient's vitality had been sapped.

The points that I tried to make were, the difficulty and many times impossibility of making a correct diagnosis, and the advantages and safety of an early operation.

Since writing that paper I have seen a number of cases which—in results—more firmly convince me that my deductions at that time were sound.

Recently it was my pleasure to assist Dr. William Watts, of Toledo, O., in an operation on a case that so thoroughly exemplifies the position I then took, in the paper mentioned, that I—with the consent of Dr. W.—report it here.

Mrs. R., aged twenty-eight—as reported to me by Dr. W.—presented the following history: German; mother of three children; no history of hereditary trouble; mother died at forty-five with dropsy; father living, aged sixty, has indolent ulcers. Had fair health till about a year ago. First taken sick at night, August 20, 1889, with vomiting and diarrhœa and cramping pains in bowels. Dr. T—rs was called, and pronounced it cholera morbus. Treated patient four days—no better—and advised calling another physician. Dr. L— was called and diagnosed intussusception or obstruction of the intestine from spasmodic contraction. Got partial relief for a short time, but with a return of same symptoms.

Dr. R— was called, and diagnosed intussusception or obstruction of intestine from inflammatory adhesions. Dr. T—ne called in consultation and confirmed diagnosis. Said patient would die in less than twenty-four hours. Death did not come, but a slight improvement for a time. Bowels moved with difficulty. Vomiting continued, but was never stercoraceous. Pain continued most of the time. At times patient would get quite a relief for a few days and could be about, but

had to walk in a bent attitude. Expression of face pinched and drawn, indicative of great suffering. Sometimes a hard lump could be felt in the region of the lower lobe of liver.

Dr. L—— recalled; reiterated previous diagnosis. Dr. K—— called; diagnosed at umor in colon which would continue to grow till lumen of gut was occluded, and end in death. Advised operation, as treatment would do no good.

In fact all the physicians advised an operation to relieve the obstruction of the intestine. Patient still drags along, better and worse, up and down, emaciated and haggard in appearance. Dr. T——rs again takes the case and promises a cure, but after a two months' effort discontinues his attendance without explanation.

Dr. Watts called in, but is unable to make an intelligent diagnosis. Advises an operation, not to relieve an obstructed intestine, but to learn what the disease is and to remove it, if found favorable. Patient consenting, Friday, May 2, was set for the operation.

With Dr. A. C. Barlow to give anæsthetic and myself to assist in the operative measures, Dr. W. began the work. After preparing the patient and taking the ordinary antiseptic precautions, the doctor made an incision in the median line from the stomach to the umbilicus. On opening the peritoneal cavity adhesions were found so free and firm as to prevent successful explorations without getting more room to work. Another cut was made, at right angles to the first, from the umbilicus to a point below floating ribs on right side. After breaking up the adhesions a cyst was brought into view attached to lower side of gall sac. It contained about two ounces of mucilaginous serum and pus. On examining the gall bladder it was found to contain two large gall stones,—round, except two facets where they rubbed together,—which were removed through an opening made through the walls of the sac. This opening was immediately closed with five fine silk sutures.

After diligent search and not finding the intestine in any degree obstructed, the parts were thoroughly cleansed, all bleeding having been controlled; the wound in the abdomen was closed with strong silk sutures, and patient put to bed.

It is not necessary, for the purpose of this paper, to give a detailed report of subsequent progress of the case. Let it suffice by saying that the highest temperature reached was on May 3, when it registered 100°, but soon dropped to normal. Pulse never went above 96. Restless a few days only. Very little vomiting. Bowels moved on fourth day with aid of mag. sulp. and an enema; moved each day since. Menses appeared on seventh day. Stitches removed on ninth and tenth days. Wound nicely healed. Remedies used, ars. and acon. Patient now eats well, sleeps well, and feels well.

The concretions removed were almost uniformly round, smooth, and measured  $2\frac{1}{2}$  and  $2\frac{3}{4}$  inches in circumference respectively. Dr. Watts is to be congratulated on the skill and dispatch with which ~~he~~ operated.

This case presents an admirable lesson to all who would read. First, the uncertainty, if not impossibility, of a correct diagnosis in many growths in the abdomen. This case proves that proposition to a degree, as it was under observation for several months by expert surgeons who were positive that their diagnosis was right, yet all of them were wrong. Second, the justifiability of an early operation, for, while this patient's life was not sacrificed by the delay, yet an early operation would have saved her months of terrible suffering. Third, the safety of such operations under ordinary favorable circumstances.

TOLEDO, O.

---

### GLOBULES.

—"Soi-Distant Colic" sayeth the *Northwestern Journal of Homœopathy*. Did you ever? We will never, never again prefix a title in French.

—An oculogeometric problem: Can the eye always converge and never come together? A glass eye is offered for the first correct solution.—*W. A. Phillips*.

—The Mass. Hom. Med. Society holds its semi-annual meeting on October 8, 1890, at which time the following bureaux will be called upon: Materia Medica, Surgery, Gynæcology, Ophthalmology, and Otology. The Materia Medica bureau is especially strong in having C. Wesselhoft, Sutherland, Percy, Nichols, and Stackpole at work.

—In Sweden the inebriates are isolated, and all their meals are seasoned with *Swesnaka Brantwein* (the alcoholic drink of the country) until they absolutely refuse to eat. Out of the 139 inebriates thus treated by Dr. Schreiber in 1848, 128 were cured, four had relapses, seven were brought near to death by the treatment.—*Gallavardin-Foulon*.

—And speaking of babies, here is a note concerning the indisposition of a certain small child:

Baby one year old, Doctor she rattles on her chest and like choak at night and always wants to sleep and feber at night. Mush thirst. Donth eat anything, but Nurse the Breast, has a coaf with its choakness. she Screams ones and a while oful.

The diagnosis is plain, of course, and the indicated remedy perfectly apparent.—*Exchange*.

—A subscriber, desiring to change, would like to assist physician with large practice with view of purchasing part or entire interest. In practice eight years; age thirty-two, have family; am of good morals and education.

Growing town of 2000 or upwards in New Jersey or the West preferred. Particulars and references exchanged.—*DR. M. J. WHITFORD*, New Market, N. J.



—Attention is asked to the advertisement on the last cover page, of Pavara Pills, which are claimed to be a specific for constipation. We believe the majority of physicians resort to the use of laxatives in their treatment of constipation, homœopathic physicians probably do so only temporarily, while giving the properly selected remedy, yet in either case laxatives are used, and you may find more satisfaction from the use of Pavara Pills than any other. A trial bottle is sent free if you mention this journal.

—The next regular examinations for position of Assistant to the House Surgeon will be held at the Hospital on Thursday, November 13, at 8:30 P.M. The term of service is eighteen months. First six months, as Junior Assistant; second six months, Senior Assistant; third six months, as House Surgeon. Applicants must show evidence of graduation from a recognized Homœopathic College. All applications to be addressed to the President of the Medical Board, the Grace Hospital, Detroit, Mich., and must be presented not later than November 10, accompanied by certificate of good moral character.

#### ENGLISH AS SHE IS WRIT :

Who can doubt the eternal fitness of things, and the fellow-feeling between "things," when such an editor as Professor T. F. Allen is shown to be receives the compassion, and such a caricature of editorship as a Kraft the commendation, of, and from, *such* "dross" either in the profession or out of it.

S. A. JONES.

This lucid paragraph should have appeared in the *Fincke Organon*, but by an inadvertence it slipped into the *N. Y. Med. Times*. It is too chaste a specimen of English to be keeping company with anything less pure and intelligible than that profound mytserly—the *Fincke Organon*.

—*Chelidonium in Hepatic Congestion*.—J. H. had suffered for many years with attacks of congestion of the liver, accompanied by the usual symptoms, including intense and steady pain running back under the right shoulder blade. Bryonia, nux vom., pod., and other remedies given by a homœopathist failed to relieve. Chelidonium 2x removed the pain at once, and soreness very quickly. Patient has ever since kept a vial of chelidonium in his pocket, and at the first sign of the approach of the old trouble begins taking it, with uniform success up to date.—*Hale*.

—We note a new work on *Alcoholism*, translated from the French of Gallavardin by an Italian named Irenallu D. Fralon, M.D. Says *The New Remedies*: "It is surprising that a publishing house of the standing of Hahnemann should publish a work like the above." Indeed we do not wonder at the apostrophe. Surely when Irenallu gets his fine Italian hand into a French account of *Alcoholism*, the equivalent in English must be a master bit of composition. We have received a work by the same French author and translated by a Dr. Irenæus D. Foulon,—hold, can it be possible that they are identical!

—PARENTAL IGNORANCE.—If any disease was to decimate *adults* in our cities, in a given space of time, as cholera-infantum does *babies* during the hot months, we should see our Health Boards going from house to house in their efforts to prevent the disease. Alas! the babies attract but a passing notice outside the mother's heart. "Suffer little

children to come unto me, and forbid them not, for of such is the kingdom of Heaven."

When one observes how little is done to ward off this fatal malady, he would be justified in believing that the above command was in force, in a literal sense, to-day. Thousands go to Him every summer, where only hundreds are called, and an All-wise Providence is given the credit, in spite of the fact that the responsibility lies nearer home.—*Albert Claypool, M.D.*

—THE DEVIL AND THE HIGHLAND PREACHER.—Thus writes an English correspondent: "Highlanders, as you know, have the habit, when talking English, such as it is, of interpolating the personal pronoun 'he' where it is not required—such as 'the King he has come.' Often therefrom a sentence or expression is rendered strange, as I am going to prove. The Rev. Mac—, of a certain Highland parish, recently began his discourse thus: 'My brethren, you will find the subject of this discourse in the first epistle general of the Apostle Paul, chapter v., verse 8, in the words: "The devil he goeth about like a roaring lion, seeking whom he may devour." Now, my friends, with your leave, we will divide the subject into four heads: First, we will endeavor to ascertain who the devil he was. Second, we shall inquire into his geographical position—namely, where the devil he was. Thirdly, and this of a general character, who the devil he was seeking. Fourthly and lastly, we shall endeavor to solve a question which has never been solved yet, what the devil he was roaring about."

—The *Golden Gems of Goodell*, recently enunciated, should be printed in large type and placed prominently before the eyes of every doctor in the sacred sanctum wherein he mostly pursues his studies. They are as follows, viz.:

First, always bear in mind that "women have some organs outside of the pelvis."

Second, each neurotic case will usually have a tale of fret or grief, of cark and care, of wear and tear.

Third, scant, or delayed, or suppressed menstruation is far more frequently the result of nerve exhaustion than of uterine disease.

Fourth, anteflexion is not *per se* a pathological condition. It is so when associated with sterility or painful menstruation, and only then does it need treatment.

Fifth, an irritable bladder is more often a nerve symptom than a uterine one.

Sixth, in a large number of cases of supposed or of actual uterine disease which displays marked gastric disturbance, if the tongue be clean, the essential disease will be found to be neurotic, and must be treated as such.

Seventh, almost every supposed uterine case, characterized by excess of sensibility and by scantiness of will-power, is essentially a neurosis.

Eighth, in the vast majority of cases in which a woman takes to bed and stays there indefinitely from some supposed uterine lesion, she is bedridden from her brain and not from her womb.

Lastly, uterine symptoms are not always present in cases of uterine disease, nor when present, even urgent, do they necessarily come from uterine diseases, for they may be merely nerve counterfeits of uterine disease.—*New Remedies.*

## OH-DONT-OLGY.

DON'T bear down too hard on s. o. l. potter, brethren of the quill ; he must amuse his friends occasionally.

DON'T give more attention to the younger female members of a family to which you are called than to the patient.

DON'T spend \$5 for retuned homœopathics, when you can get good, old fashioned, Hahnemannian homœopathy for \$3.

DON'T imagine because you believe in high or low attenuations exclusively, that all others are not good homœopathists.—*Hale*.

DON'T have too much philosophy in your homœopathics ; there is such a condition as having too much theology in one's religion.

DON'T forget that cold foods and drinks increase the liability to cough, and hot foods and drinks are more stimulating than cold.

DON'T use celluloid eyes ; they are cheap and for the first three or four months render good service ; after that they set up irritation. Glass eye is safest.

DON'T write a business letter in pencil on the back of odd scraps of paper, or a leaf from your lecture note-books. Brace up and have some style about you, man !

DON'T say, "I will write you to-morrow without fail," and then ignore your promise. In Ohio a postal card only costs one cent, and to be a gentleman costs nothing.

DON'T have the wool drawn over your eyes in a prospective seven months child case by any artful tale of accidents to induce instrumental measures beforehand.

DON'T sell out your Sanitarium, Prof. Pratt, even if a Chicago Chap starts an Institute. Your are assured of our in-flu-ence to the bitter end—or, rather, latter end.

DON'T let distance cause you to be less courteous or less honorable than if in adjacent offices. Florida and Chicago are accessible even from a little country town in Ohio.

DON'T advocate the idea that no homœopath de novo can be so good as a homœopath made out of an allopath. There are a good many Christians who have not first been through all phases of moral degradation.

DON'T rush to the support of a Medical College which asks homœopathic physicians to aid it, and yet refuses to put "Homœopathic" in its title. No, sir ! Pulte Medical College is not a precedent. Pulte was a homœopath and a good one !

DON'T be so exclusive, gentlemen of the medical stylus, as to refuse to publish extracts from a valuable medical paper, simply because it first appeared in the secular press. "The whole boundless Universe is ours !" "The World [not the World's Homœopathic Convention] is my oyster," and so on and so forth, down to the bottom of the page.

# REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

*(Continued from page 336.)*

CRAMPS.—Cocculus ind., Sanguinaria can., Phosphorus, Sanguinaria.  
 CRAMP.—Natrum mur., Phosphorus, Platina, Secale.  
 CRAMPY.—Bismuthum.  
 CRAMP-LIKE.—Mezereum, Nitric acid.  
 SPASMS.—Kali carb.  
 DARTS.—Chamomilla.  
 JERKS.—Valeriana.  
 STICKING.—Antimonium crud., Pulsatilla, Rumex.  
 STINGING.—Colchicum, Ferrum, Hypericum, Millefolium, Rumex, Sulphuric acid, Zingiber.  
 PRICKING.—Cactus.  
 THRUSTS.—Conium, Eupatorium per.  
 SCRAPING.—Graphites.  
 PECULIAR.—Digitalis.  
 PARALYTIC.—Bromium.

## ONSET OF PAINS.

SPASMODIC.—Caulophyllum, Spongia, Secale.  
 INTERMITTENT.—Caulophyllum.  
 BY SPELLS.—Psorinum.  
 PAROXYSMS.—Gelsemium.  
 SHOCKS.—Secale.  
 SUDDEN.—Chamomilla, Oxalic acid.  
 QUICK.—Iodium, Lachnantes.  
 TRANSIENT.—Mercurius jode rub.  
 SHORT.—Gelsemium.  
 SHOCKS.—Secale.  
 FLYING.—Ferrum.  
 WANDERING.—Cactus.  
 COMING AND GOING.—Calcarea phos.  
 HERE AND THERE.—Cepa, Dulcamara.

## SITUATION OF PAINS.

Top of chest—Ustilago.  
 High in chest—Theridion.  
 Upper chest—Phosphorus, Manganum acet.  
 Upper part of chest—Bryonia, Guajacum, Ferrum met.  
 Anterior portion of both lungs—Rumex.  
 Nearly all the front of the chest—Secale.  
 Throughout the entire front of chest—Apis.  
 Across the chest—Drosera, Kreosotum.  
 —morning, till noon—Kreosotum.  
 In the chest—Aconite, Ailantus, Alumina, Antimonium crud., Belladonna, Berberis, Bismuthum, Cactus, Caladium, Calcarea carb.,

- Calcarea phos., Cantharis, Capsicum, Carbo ani., Carbo veg.,  
 Caulophyllum, Causticum, Cina, Cinchona, Clematis, Cocculus,  
 Drosera, Ferrum, Gambogia, Graphites, Hepar sulph., Hydrastis,  
 Ignatia, Jacea, Kali jode, Ledum, Lobelia, Magnesia carb., Man-  
 ganum acet., Mephitis, Muriatic acid., Natrum mur., Oxalic  
 acid., Paris quad., Phytolacca, Psorinum, Pulsatilla, Ranunculus  
 bulb., Rumex, Rhododendron, Sabadilla, Sabina, Spigelia,  
 Spongia, Staphisagria, Sulphuric acid, Taraxacum, Valeriana.  
 ——— and back—Capsicum.  
 ——— or region of the heart—Magnesia carb.  
 ——— and sternum—Manganum acet.  
 ——— last left short rib—Mephitis.  
 ——— bursting pain, as if beaten—Muriatic acid.  
 ——— and side—Phytolacca.  
 Through the chest—Aconite, Æsculus hip., Agaricus, Cannabis ind.,  
 Chamomilla, Cepa, Conium, Mercurius, Mercurius cor., Mer-  
 curius jode flav., Natrum mur., Oxalic acid, Sepia, Spongia,  
 Sulphur.  
 ——— right ung—Agaricus.  
 ——— from sternum to spine—Conium.  
 ——— to left scapula—Natrum mur.  
 Both sides—Arnica, Plumbum, Veratrum alb.  
 In the side—Hyoscyamus, Pulsatilla, Phytolacca.  
 In the side of chest—Sabadilla.  
 Both sides of chest—Croton tig., Spongia.  
 In sides of chest—Cuprum met., Calcarea carb., Natrum mur., Squilla,  
 Silicea.  
 Whole right side of chest—Chelidonium.  
 Right half of chest—Secale.  
 Right side—Calcarea phos., Caladium, Cantharis, Cyclamen, Illicium  
 anis., Lachnantes, Lilium tig., Mercurius cor., Mercurius jode  
 flav., Mezereum, Nitric acid, Psorinum.  
 Right chest—Ammonium carb., Antimonium crud., Arnica, Asarum,  
 Baptisia, Belladonna, Borax, Bromium, Bryonia, Chelidonium,  
 Cinchona, Colchicum, Conium, Kali carb., Kreosote, Natrum  
 mur., Nitric acid, Rumex, Sanguinaria can.  
 ——— first in left—Kreosotum.  
 Right lung—Gelsemium, Kali carb.  
 Superior part of right lung—Gelsemium.  
 In upper right—Arsenicum, Carbo veg., Hypericum.  
 In lower right chest—Ammonium mur., Cantharis.  
 Lower part of right lung—Phosphorus.  
 Lower part of right lung—Kali carb.  
 Lower third of right chest—Kali carb.  
 Right or left side of chest—Colocynthis.  
 In lower chest—Lobelia.  
 In lower part of lungs—Hamamelis.  
 Lower side—Mercurius cor.  
 Lower part of the chest—Valeriana.  
 Left side—Cantharis, Ammonium carb., Cina, Colchicum, Croton tig.,  
 Cyclamen, Eupatorium per., Guajacum, Illicium, Iris ver.,  
 Ustilago, Kobalt, Lachnantes.  
 ——— and right shoulder—Eupatorium per.

THE  
AMERICAN HOMŒOPATHIST.

VOL. XVI. NEW YORK, NOVEMBER 1, 1890. No. 11.

FRANK KRAFT, M.D., EDITOR.

OUR excellent brother Storke of the *Current* has given us many pages of beautiful word pictures, wherein have been mirrored from time to time all the major topics of the day, embellished with choicest quotations from the classics ; in short, his columns have been, and continue to be, masterpieces of stately language and refinement of style. Usually, also, the argument in his lines has been so gentle, so pervasive and persuasive, so pleasant as to incite no controversial spirit ; to challenge no reply ; his grammar and his logic so perfect as to defy dismemberment ; his erudition beyond cavil ; so that when a new number of the *Current* flows to our shears, we know in advance of opening it, how placid will be the stream that laves our fevered, weary country-cross-roads-thirty-dollars-a-month-editor's brow. The frequent washings of this *Current* on the shores of Scandinavian mythology, of Greek art, of the cuneiform inscriptions, of the hieroglyphics, the pyramids, the Odyssey, Schliemann's excavations at Pompeii, and Macauley's Essays has brought before us vividly our own imperfections in this class of writing, and caused us to wing many a soulful prayer that heaven had made us such a kind of a man.

\*\*\*

BUT, *vita breva, ars longa* ; we have run through and taken up considerable of the slack in our *vita*, so that it is yet more *breva* than before ; but, alas ! we have mo-er-a—art, so to speak. Ours is the Philosophy of Fruit. However, Brer Storke has run his *Current* into deep water this time. He did it, as he does everything, with the utmost gentility and suavity ; but the mailed hand lies, nevertheless, beneath the velvet glove. He says :

"The last system of treatment adopted during the illness of a patient, or the last drug administered to him before his recovery, are [is?] to be considered and recorded as curative."

This he assumes to be a fallacy ; and then pleasantly leads up to the real point of his argument, namely, a number of disjointed sentences, which he assumes to be false. Thus :

"Lachesis 10m *cured* a case of diphtheria of the most desperate character.

"Lac. caninum 5m *cured* a case of malignant diphtheria after everything else had failed.

"Conium 30x *cured* a mammary tumor.

"Variolinum 100m *cured* a case of malignant small-pox.

"Sulphur 8x *cured* a long and lingering case of secondary syphilis."

YET our esteemed confrère adduces no proof ; makes no attempt to disprove what is an every day occurrence with many of the best and most truthful of our practitioners : men and women who are as deeply in earnest in the casting out of error, and in the advancing of truth as is the *Current*. It would be an easy task to construct a syllogism asserting the truth of the curative power of the last drug given, one that would tax the ingenuity of our erudite dispenser of ivory and rose-leaves to say *why* the last drug given does not in reality cure. But there was a design in selecting for this "fallacy" three of the most heartily decried and despised remedies known to the low dilutionists : Lachesis, Lac. caninum, and variolinum ; and with potencies denounced as moonshine. What was that purpose ?

\* \* \*

AGAIN, he says :

"Whenever medicine is found to be necessary, material or large doses are imperatively demanded to secure prompt effects." This is a fallacy. A heavily laden train of cars is standing at the bottom of a long and steep grade. The wheels of the engine revolve with great power, but they slip upon the track, and the train remains motionless. A few grains of sand are dropped upon the rail in front of the large driving wheels, the difficulty is overcome . . . . A large volume of sand would only have hampered the engine.

Quite right and quite beautiful ; but the query will obtrude itself what is a *material or large dose* ?

\* \* \*

FINALLY :

"The administration of medicine in material doses is reprehensible in the extreme, and is a practice fraught with danger." This is even more fallacious than either of the foregoing paragraphs.

Indeed ! What is even more fallacious ? The giving of material doses, or that the practice is fraught with danger ? But in the paragraph above, with the grains of sand, it is most conclusively stated that the giving of material doses is fallacious. Then it must be that the practice is fallacious. What practice ? Why, the practice of giving material doses. Somehow or nuther, that doesn't seem to "gee." Let us analyze it.

All sick folks need proper doses.

Giving material doses is reprehensible [i.e. not proper doses].

Therefore, all sick folks should not take material doses, because it is fraught with much danger.

That's all right, and just what was asserted in the paragraph above. Why, then, fallacious ? "Of course," adds our apostle of sweetness and light, "every thinking man must hold that sufficient medicine must be administered to accomplish the purpose for which it was given." Absolutely correct. But what is a sufficient medicine ? Drop doses of the tincture, or a powder of the millionth ? There is not to-day a materia medica author or a student of materia medica who pursues it as a specialty, who does not confess to a virtue above the zooth. There are hundreds of men and women in homœopathic practice to-

day who assert and will prove that Lachesis 8m, Lac. caninum 42m, and other moonshine potencies will produce a palpable aggravation.

\* \*

WADE out, brother, your *Current* has carried you beyond your depth. Be as kind to the higher potencies as you know so well how to be to the lower dilutions. A medical journal should not espouse the potency question, but when it finds it incumbent to touch upon the dangerous theme in its discussion of an otherwise general topic, it should aim to do so with utmost impartiality, and no one knows better how to do this than our good friend and confrère Storke.

\* \*

A STRAY copy of the *Journal of Homœopathics* has at length reached our table. (We have never been deemed good enough to be put on the Exchange list.) Aside from its far-fetched title, its other claim for existence seems to be the publication of a new translation of the *Organon*. What need there can be for a revised addition in view of Wesselhoeft's excellent rendition is not apparent; a comparison of paragraphs fails utterly to give the desired light. It will possibly be homœopath than Wesselhoeft, and in all likelihood will establish a homœopathology which even so eminent a homœopathicus as Hahnemann would fail to recognize; certainly the homœopathics of this homœopathographical homœopathician gives no reason other than the "Holier than thou" inference for entitling it to a \$5 subscription, and proclaiming itself better than the *Advance*, the *Homœopathic Physician*, or the *Medical Era*. "Devoted to the Philosophy of Homœopathy," it says on its pure, unadvertised cover page. We really thought so when we found "concepts" and "suscepts," "resistibility" and "reactibility," "distunements" and "retunements" chasing each other through the printed page; and we expected every moment to have the henceness of the subsequently, or the hereness of the whyfore sprung on us. See, for instance, if you can form a clear concept of this powerful salad English as she is spoke in its pages: "§281. Every patient is especially in point of his disease incredibly retunable by the medicinally powerful potencies commensurate by action-similitude." Clear as mud, isn't it? Give us less Homœopathics and more homœopathy; less Fincke and more Hahnemann; less philosophy and more facts; less bombast and more common sense. Come down from your "solar walk and upper air," perch and mingle long enough with the common herd to feel your blood tingle again in your veins. Lay aside your Immaculate robe of Chastity and become once more a dweller among men, a cumberer of the earth, and speak in the tongue of common folks. Hahnemann is good enough for us.

\* \*

THE Phonograph of Edison has been banished from Fairmount Park by the Park Commission of Philadelphia. These gentlemen affirm that there is danger to the public health through possible contagion through the rubber tubes affixed to the ear; and, furthermore, there is liability of contracting deafness through the use of the instrument.



## GONORRHŒAL STERILITY.\*

By W. A. EDMONDS, A.M., M.D., ST. LOUIS, MO.

UNTIL very recently it was the custom to regard gonorrhœa as a rather mild local form of disease, especially among females. Many doubted its contagious or specific nature. There seemed no suspicion that any latent, concealed, or permanent result might remain after banishment of the more prominent appearances by the appropriate treatment. A few recent more acute and careful practitioners and authors have reached a very different and, as we think, more correct view of this matter. We propose in a brief way to call attention to the subject of female sterility from this disease as a cause. Extended observation and statistics are difficult to arrive at, owing to an unwillingness of married women to admit an experience with the disease, either as the result of her own wrong doing or that of her husband. The sterilizing power of the virus is probably quite as potent in a latent form within the male as the female genitals; with the difference against the female, growing out of the more extended and intricate surfaces of the parts.

Irveggerath, in a recent remarkable paper on "Latent Gonorrhœa in the Female," makes some startling disclosures and statements. He says: "I believe I do not go too far when I assert of every one hundred wives who marry husbands who have previously had gonorrhœa, scarcely ten remain healthy; and even the ten do not probably escape obscure trouble in some form traceable to the gonorrhœal virus in the latent form derived from the husband." He gives statistics of eighty-one cases, of which only thirty-one became pregnant. Of the thirty-one, only twenty-three went to full term; three were prematurely delivered; five aborted. Of the twenty-three full term cases 12 had only one child, 7 had 2, 3 had 3, 1 had 4; and among the 23 there were five abortions. Mind you, these cases were not in the presence of an active, open form of the disease, but occurred under a suspicion and theory of a latent form of disease on the part of the husband.

The ablest and most advanced pathologists now advance and defend the theory that an experience with gonorrhœa, whether male or female, results in complete or partial sterility to the individual. The consequences do not stop with sterility to the female; endometritis, perimetritis, salpingitis, ovaritis, going to make the dire results of gonorrhœal experience. The author just quoted makes the assertion that the sexual organs of a female, well saturated with the gonorrhœal virus, rarely or never recover their normal condition. That there remains an ichor of the parts necessarily fatal to the germ in the

---

\* Read before the Homœopathic Medical Society of Tennessee, September 10, 1890.

matter of fruitfulness. These views are somewhat new and startling, and while plausible in the light of a partial investigation, require to be confirmed by other extended observation. We have heretofore supposed prostitutes to be unfruitful from excessive miscellaneous sexual activity. If the view now stated be true, their sterility is readily accounted for, as very few of them, under their peculiar social modes, escape the gonorrhœal experience. The time of a society should not be occupied by long, profound discussions on the part of the essayist. Papers should be brief, suggestive, as a means of calling attention and eliciting discussion. I hope this short paper may in some sort subserve such purpose.

---

---

### ON THE ALTERNATION OF REMEDIES.\*

By CHARLES E. LANING, M.D.

HAVING been requested by the chairman of the bureau of Materia Medica, Dr. H. M. Bascom, to write a paper for his bureau, I concluded, after reading an editorial in THE AMERICAN HOMŒOPATHIST for May, 1890, to write under the above heading.

The editor says : "Will some practitioner of our school, who is a believer in and a user of the alternation of remedies, write a paper for this journal, explaining his *modus operandi*, and the rules by which he works ? We make this request in sincerity, with a view to arriving at an intelligible reason for using homœopathic remedies in alternation. We have had a number of pleasant chats with practitioners who alternate, but have never yet found one who was ready to avow it in print, or who could give us a reason that would square with the rules as laid down in the Organon, or of any modern text-book on Materia Medica. Come, brethren, there is surely some reason for the faith that is in you ; you claim success in your treatment of the sick, and the results bear you out ; now let the rest of us know how you do it."

This paragraph occurs in a well written review of a paper by Dr. Mary Brinkman. It is so concisely worded and so thoroughly expresses my own sentiments, that I feel by quoting it, the spirit in which this paper is written may be the more fully understood. Then follows the sentence which I first quoted.

While I do not remember to have seen an article on the alternation of remedies by any believer in that method of treatment, yet I do not think it has been for the reason that none of those who so believe and practice have not been willing or "ready to avow it in print."

It has been said by those who *claim* to always use the single remedy, that alternation is bad practice. Upon them then really rests the

---

\* Read before the Illinois State Homœopathic Medical Society.

burden of proof ; it is for them to demonstrate that it is bad practice and productive of results less good than those obtained by them.

When it is taken into consideration what a large number of practitioners in our school almost habitually alternate, and when the result of their practice is compared with that of those who *never* alternate, it will be difficult to secure data sufficient to brand alternation as bad practice.

But before going further we must define alternation, or rather the different kinds of alternation.

When a physician says : " I gave nux vomica and bryonia in a case, because I was not sure which was indicated," he admits that he has made an unsound, unscientific prescription. If he did not know *which* was indicated, he did not *know* that either was ; hence, if good results, a cure followed, it was only a fortuitous circumstance and the prescription was only guesswork.

If in a given case, the doctor prescribes belladonna and also bryonia, saying : " I think," or, " I guess bryonia will help matters along," he is alternating, and doing it in such a way as may justly be termed " bad practice." Such a method of prescribing is unsound, unhomœopathic and unscientific, and incapable of being successfully defended against the charge of " bad practice."

When, however, a physician has carefully, thoroughly, gone over his case, giving due weight to the etiology and pathology of it ; has noted all subjective and objective symptoms and separated the reflex and idiopathic symptom groups one from the other, and then, with a thorough understanding of the action of his remedies, says : " One remedy will do a part of this work and another will materially assist or hasten the restoration to health," I claim that in giving the two remedies he has made a *scientific prescription*. And not only has he done this, but he has made a more scientific prescription than had he given only one remedy. So far, it may be claimed, justly, that I have merely made assertions, and proven or demonstrated nothing.

Theories and hypotheses are all well in their place, but they must be sustained by practice, by facts, before they have any scientific value. The theory that a single remedy is always better than two, or that two may sometimes be better than one, can only assume a practical shape through the light thrown upon it by clinical experience.

Unless rigidly analyzed, deductions drawn from clinical cases, are prone to be misleading and fallacious. Too many cases are reported in which wonderful cures have been claimed to result from the administration of such and such a single remedy and single dose, which bear on their face to the physician familiar with disease and the action of remedies, the stamp of nonsense or falsehood. This is equally true of cases reported as cured by two remedies given in alternation. No kind

of a conception having been had by the prescriber in either case, as to the nature of the difficulty treated or of the action and curative powers of the remedies used. The wonderfully efficacious action of *saccharum lactis*, in innumerable cases, should make the physician take, *cum grano salis*, many of the fabulous clinical cases reported.

It is claimed that those who use but the single remedy, invariably individualize their cases more closely than those who alternate. Why is it, then, that such physicians do not invariably have better results than do those who practice alternation. Is it possible that the alternationist generally selects the curative remedy to which he adds another simply through force of habit; the second remedy having neither a beneficial nor detrimental action in the case?

Hundreds of cases of rheumatism have been cured by *rhux tox.* and *bryonia* given in alternation and that, too, in face of the fact that they are considered to be direct antidotes one to the other. *Phosphorus* and *bryonia* in pneumonia have won for homœopathy many laurels, and has not Bœnninghausen's famous croup prescription of *aconite*, *spongia*, and *hepar*, given in rapid succession, cured many a case of croup? If not, then croup requires no treatment, and the 10 mm. of *anything*, will do as well as any remedy.

The above and many other instances in which remedies have been alternated with excellent results strongly negative the assertion that alternation "is bad practice." As I have stated, it is said that those who use but the single remedy are better students of the *Materia Medica*, and individualize more closely than they who alternate. Let us see if this is altogether true. Some one has said, meaning it as a shot at alternationists, that he "found it hard enough to select one remedy for a case without trying to select two" And he was right; it is harder to select two very often than one.

Let me here make myself clear, viz. : That I do not countenance or sustain indiscriminate alternation, that due to habit or laziness, but that only, made upon scientific principles, in such a manner as I shall show before I finish.

When does alternation produce better, more rapid results than the single remedy? Let me state briefly what led me to alternate, and when I say alternate, don't understand that I do so in all cases by any means.

While a medical student, a case came into one of the clinics which had many symptoms of sulphur and an equal number for calcarea. The case was so evenly balanced that the Professor hesitated as to which he should give, and asked the sense of the class regarding it. No one replied until I suggested he give them both. He looked at me, much surprised, and said, "Why, that would be alternating." I replied : "Yes, but why not let the two remedies work at the same time in the

removal of their respective symptom groups." He said that he did not know that they would ; I said neither did I, but I should like to try and find out. I asked if calcaria ever cured sulphur symptoms or the reverse; and he said "No." He further stated, which was and is certainly true, that in order to complete a cure it often became necessary to give two or more remedies in succession. In the case cited, sulphur was at last given and under its action the sulphur symptoms gradually disappeared ; then calcaria followed and its group was vanquished and the patient apparently cured, but the interrogation remained in my mind, would not the two remedies, had they been given alternately, have cured the case with equal certainty and more speedily ? Ample clinical experience since then has answered the question in the affirmative.

If a given case presented itself to us for treatment and only three or four calcaria symptoms were present, and no others, would not calcaria be given ? If, on more carefully studying the case, in addition to three or more calcaria symptoms, there was found present half a dozen or more indications for sulphur, why should not the two remedies be given in alternation ? The purist would think the question was sufficiently answered by simply saying, "Because that would be alternation, and was not taught by Hahnemann." This is no answer at all, and I would advise all those to whom such an answer is satisfactory, to ponder well the sentence in Dr. Kraft's editorial where he says : "It seems never to have occurred to them that unless *Materia Medica* is an exception, the rule has been that every known science has made vast strides in advance of the position occupied when Hahnemann lived ; *and why should the application of Materia Medica form an exception.*" [Italics ours.]

The purists, so-called, constantly bring forward as an argument against alternation, that since two remedies have not been proven upon a given individual at one and the same time, we have no means of knowing what will be the result of giving them together or in alternation. Does the clinical experience of men who are well trained, competent, conscientious observers count for naught ? Or do they not recognize knowledge of the curative power of remedies obtained from clinical studies, as valid and worthy of their confidence ? If so, why do they make use of clinical symptoms, symptoms which have repeatedly disappeared under the action of remedies that have never been known to produce them in the healthy organism. Every physician knows that there are a number of such symptoms in our *Materia Medica* which have proven themselves to be trustworthy and valuable guides in the selection of remedies. If all the cures made by physicians who alternate were to be rejected and not considered homœopathic, then would homœopathy rest upon comparatively small clinical evidence.

I shall not attempt to make the alternation of remedies "square with the rules as laid down in the *Organon*," and with all due respect for Samuel Hahnemann, I do not care whether they do or not, so long as they square with successful practice. Some alternate because they desire to fit a remedy to certain reflex symptoms that have no therapeutic value and should be let severely alone.

Is it not true that when death occurs the *cause* of death is one of the *effects* of the disease. Thus in typhoid fever, diphtheria, and similar diseases, death is frequently *caused* by paralysis of the vagus, one of the *effects* of the disease. During the progress of the malady the impression is being made upon the vagus center which in the end will cause it to cease to perform its function. Evidence of this fact may be noted by a careful, competent observer, before it has become incurable. At the same time that he sees this dangerous enemy approaching, he may be hotly engaged in combating the ravages of the disease in other portions of the organism. What is he to do now? Shall he draw off his forces from the as yet unvanquished enemy in order to attack the newly threatened danger, or shall he continue the fight against the original enemy until he is flanked by the new? It may be urged that no new enemy has appeared, that it is only another manifestation of the original disease. I fully recognize this, but further, I recognize, that whatever the inimical agent may be that gives rise to the symptoms of diphtheria, it has attacked a nerve center over which the remedy that has been given to assist the centers previously involved, has no control. Each additional center affected tends just so much to lessen the resistive powers of those previously deranged. If the nerve center or centers affected come within the curative range of the remedy which is being administered for the relief of the overtaxed ones, well and good, there is no need for alternation. But where this is not true, as it at times is certainly not, then alternation is justifiable, and not only that but imperative, if the physician desires to do the greatest good for his patient.

No one remedy, be it homœopathic, allopathic, eclectic, or what you will, can always, in a given case, do the greatest possible good that medicine is capable of doing. Observations made by many competent men enable us to say with great positiveness, that certain diseases are liable to be followed by so-called sequelæ. In typhoid fever, diphtheria, and pneumonia, heart-failure, or paralysis of the par vagum may be looked upon in this light. Now, when the stage of the disease approaches in which this complication is most liable to manifest itself, remedies may be given which will greatly lessen the tendency thereto, and I am sure often prevent it altogether. I am satisfied that at such times, hydrocyanic acid, veratrum viride, stibium, etc., if given in alternation with whatever remedy may be best suited to the other symptoms or condition, will in a large majority of cases

rapidly dissipate the evidences of vagus paralysis if present, and prevent their development if not. I am well aware that when I say *prevent*, I lay myself open to more or less just criticism, since I assert something which is almost absolutely incapable of scientific demonstration. I am, nevertheless, more or less justified in saying and believing, that I have prevented many complications from making their appearance, or from assuming an alarming state, by the alternation of remedies. It is thought there are good grounds for believing that belladonna acts as a prophylaxis in scarlet fever. The only evidence of this is, that it produces symptoms quite similar to those of scarlet fever, and that when administered to children exposed to this disease, a smaller number are attacked in proportion to those exposed, than in a similar number to whom belladonna had not been given. Moreover, those who do succumb to the malady, having taken belladonna previously, have it in a mild form as a rule. The same evidence, exactly, is there, that remedies may be given to prevent or lessen the severity of complications occurring in disease.

When a building is afire the brands are liable to set adjoining structures aflame. Is it not wise then to wet down the roofs in the vicinity before the sparks light on them, or if this be not done, at least give attention to any blazes that may be noticed in their incipency, although continuing to fight the original conflagration with unabated vigor. It may be urged that each blaze is fought with the one remedy, aqua, but while this is true, in the case of disease this cannot be done, for one remedy cannot, at will, be made to act upon any part of the organism desired.

A lithæmic condition strongly predisposes to inflammation of the various tissues of the body. Pneumonia, pleuritis, or peritonitis will supervene from a much slighter exciting cause in a patient who is in a lithæmic state, than in one who is not. Now, if a patient be under treatment for lithæmia and during such time, through exposure contracts pneumonia, is it necessary, is it wise, to discontinue the remedy which is best calculated to lessen or remove the lithæmia and treat only the pneumonia? If it be urged that the same remedy which is indicated for the lithæmia, may also be for the pneumonia, I should say that that is true, it *may* be, but not necessarily so by any means. If not, what then? Knowing that the lithic acid in the circulation tends to promote inflammation and to fan the flame when once lighted, is it rational practice to ignore this fact simply because in order to combat the lithæmia we must alternate.

A group of pneumonia symptoms may develop calling for bryonia, veratrum viride, aconite, stibium, etc., while at the same time the hepatic derangement may call with equal urgency, for mercurius, cheledonium, chionanthus, nitro muriatic acid, etc. And this is no

theoretical *might* be, but a fact, sustained by the clinical experience of many others as well as that of myself.

Any number of illustrative cases might be given in which it would not be bad practice to alternate, but in which, indeed, it would be exceedingly good practice, as demonstrated by the results obtained.

In order to alternate so as to get benefit from it, more benefit than can be derived from the single remedy, the following must be observed :

Note carefully all the symptoms in a case ; then distinguish between symptoms which have a therapeutic value and those which have only a diagnostic importance ; take into consideration the sphere of action of remedies, so that you may decide whether it be possible or not for one remedy to act curatively upon all the tissues involved ; if no one remedy does this, then select the two which do, upon exactly the same principal that one is selected.

There are other things which go to show that alternation may be practiced, if not in such a way as "to square with the rules laid down in the Organon," at least in such a manner as will benefit the patient and hasten recovery and in some cases insure it more certainly than would the single remedy.

CHICAGO, ILL.

---

## EVERY EPIDEMIC HAS ITS COMMENTATOR.

By J. N. ECKEL, M.D.

NOTES taken during and after our epidemic : Catarrh or influenza, which began here during the latter part of December, 1889, and continued during the month of January until the second week of February, 1890, reaching its acme the third week.

Old epidemiologists tell us that the duration of epidemic influenza is usually from six weeks to two months. Ours was short and fierce and kept the medicos in excitement. Some Russian physicians describe peculiar features of the disease, which ancient writers did not mention (although, in the main, the influenza of 1890 was like that of old), such symptoms, for instance, as Dr. Ehrmann relates : Œdema of the face, roseola like exanthem on the cheeks, or, as Dr. de La Croix noticed, œdema of the cheeks and eyelids. Peterson, urticaria, a universal erythem and herpes of the eyelids. Dr. König claims that at least ten per cent. of his patients had herpes. Out of one hundred and twenty-five case, I have observed urticaria and erythem in six individuals. Dr. Lievers of St. Petersburg said that the present epidemic was not like the one of old. He doubts its identity and spoke in favor of malaria. Do not epidemics change? Some symptoms are more prominent, others appear in a milder form. In typhoid fevers,



for instance, the cerebral symptoms are often worse than the abdominal and vice versa. Other times we notice, perhaps, more serious renal symptoms. In measles epidemics the rash often appears irregular, first on the abdomen and ascends upwards. The catarrhal symptoms of the eyes and the respiratory organs are more prominent; in other epidemics more catarrhal troubles of the bowels, the fever more of an adynamic character. It is the typical cases that teach us the true characteristics. In the beginning of the epidemic, many of us, perhaps, were in doubt whether we had to deal with the epidemic influenza or whether the disease was of a sporadic nature, or whether we had Dengue fever, or muscular rheumatism. Things were very much mixed, a *confrère* remarked, as oftentimes the catarrhal symptoms appeared later, the sneezing was in many cases limited, others complained of a stuffed feeling in the nose, slight backache, more aching of the limbs, of soreness of the lower extremities, congestion of the conjunctiva and sensitiveness of the sight; some had dull headache, others had severe neuralgia or hyperæsthesia of the whole body, particularly along the spine and extremities; some had hoarseness, while in most cases the voice was good or a little husky; some had catarrh of the bowels, while the majority of cases had constipation; in fact, the later was the rule and diarrhœa the exception; only five per cent. were troubled with loose bowels.

The three forms of the disease were well represented, namely: The gastric form, violent vomiting after the fever had subsided and pain in the epigastric region; coated tongue, disagreeable taste, want of appetite, constipation or diarrhœa, colic in those cases who had the latter. Nature of stools dark brown, slimy, and exceedingly offensive; catarrh of the nasal and throat passages; in short, we noticed nasopharyngeal, laryngeal-tracheal, and bronchial catarrhs. A few cases where the tonsils were enlarged and inflamed, a congestive condition of the conjunctiva of the eye, and in a few exceptional cases tearing of the eyes.

The neurotic form: Great restlessness, wakefulness, depression of spirits, headache, neuralgias, delirium in children and aged persons, even coma. Now then, if we take a retrospective view of the epidemic of 1889 and 1890, in our city, the clinical and epidemiological character of this strange, yet interesting traveler from Russia to Germany, France, England, America, and even to the Sandwich Islands and Australia, touching here and there large cities, affecting one third of their inhabitants leaving no doubt in our minds that it belongs to the infectious and not to the contagious diseases, although some claim (the claimants are numerous), this time a lone star, Seifert of Würzburg, had found in the nasal mucous surface micrococci peculiar to influenza. (See Volkmann's Clinical Lectures, No. 240.) No doubt after awhile we hear

of streptococci, staphylococci, or diplococci, lanceolatus of Pasteur. The diplococcus pneumoniae will play a conspicuous figure, when we hear from the great *savants* abroad. All microscopists and scientists in general will strain their eyes to find a new micro-organism they can make famous for the next century. Suppose they find a new creature. The old saying is, and I think it appropriate : "One swallow does not make a spring nor one woodpecker a winter." Can we positively say that a few micro-organisms are the cause of "La Grippe"; is it not perhaps a microscopical phenomena of all catarrhal troubles or a simple product of its kindred diseases, more the effect than the cause, even in sporadic cases? The disease attacks persons of all ages, the well ones more than the sickly,—for those who have catarrhal troubles every winter and spring had been, in our epidemic, exempt. The strongest men, particularly middle age, from the seventeenth to the fiftieth year, furnished the greatest number ; only a few children had the disease. Our climate is noted for catarrhs, especially when it rains for weeks and months. Persons had been taken ill suddenly by the hundreds and by the thousands, and the Vienna nomenclature, "Blitz Catarrh," or lightning catarrh, is very expressive and proper. Perhaps fifteen per cent. of our population were attacked with the disease. In a few cases I had been able to trace premonitory symptoms, such as loss of appetite, soreness along the sternum, a tired feeling twenty-four hours before fever appeared. The disease spreads with great rapidity on the land, appears even on ships, on the high seas, although some localities in its travels may escape. Relapses are common ; old writers tell us that. I have seen but a few cases where secondary fever occurred on the fifth or seventh day,—chills or more of a chilly sensation in most cases followed by fever. The lowest temperature, in but few cases was 100° F., the highest in young, vigorous men, varying from 104 $\frac{1}{4}$ ° to 105° F.; dry, hot skin, pain in the back and extremities. In vain I looked for severe pains in the large joints ; a few had pains in the neck and shoulders, soreness along the sternum, frontal headache, supra-orbital neuralgia ; some complained of pain all over the body, even at the ends of the fingers, pain along the spine ; patients exceedingly restless, and threw themselves from side to side. Hyperæsthesia in a high degree, hyperæmia with neuralgia, eyes congested and sensitive to the light. Remissions and exacerbations of the fever well marked ; pain in the epigastric region, with great uneasiness. On the third day all pain ceased ; even on the second day pain and fever disappeared ; the latter had a run from thirty-six to forty-eight hours, but in a few cases the fever lasted from four to five days. The temperature in men was higher than that of women. Delirium I noticed in a few cases of old people and children ; but few of our children had the disease. One nursing infant had convulsions ; its rectal temperature was 105° F. The countenance

betrayed great suffering and prostration, in females more than men; twitches of the extremities and tremor was noticed in female patients; pulse generally from ninety to a hundred and twenty. The fever in most cases ended in perspiration. While old writers talk of nose bleed occurring often, I have seen only one case of a young gentleman, evidently produced by the violence of the cough. He also complained of vertigo. Simultaneously with the fever, I noticed in a few cases urticaria. While in some cases the chills were of a short duration others had the chilliness several hours. Out of one hundred and twenty-five cases fifteen had vomiting; patients would reject food, even water. Every case had myalgic pains. Angina pectoris in one case. When lying, pulse weak and slow; when sitting up very rapid, great oppression in the chest, darting pains upward toward the shoulder; had from fifteen to twenty stools a day; the surface temperature subnormal, cold sweats of the lower part of the body, great aversion to food and very anæmic; great wakefulness; convalescence very slow. An old lady suffered from insomnia. She told me she had not slept for eight nights; saw her the ninth day; found her vomiting, spasmodic cough, producing headache, soreness of the chest and abdomen; convalescence very slow.

The nasal catarrh, as a stuffed nose, appeared irregularly on the second day, and few had violent sneezing. Pharyngeal catarrh with sore throat; the larynx and trachea showed marked symptoms, such as hoarseness and rough voice, more in men than women; cough hard and dry at the beginning, expectoration difficult and scanty, dyspnoea moderate, while in a few cases, asthmatic individuals, it was severe. In fact, in all cases, naso-pharyngeal, laryngeal, and tracheal; also, bronchial catarrhs noticed from the mildest to the worst form. Intestinal catarrh in a few cases with the commencement of the disease. In most cases, as a rule, the diarrhoea appeared later. Physical phenomena of the chest I have not observed, although the cough had been troublesome during the night and at early morn. Bronchiolitis, broncho-pneumonia (catarrhal pneumonia), I have not observed and would consider them most serious complications. Sore eyes but in few cases. Troubles of the ears, none. No fatal cases. The catarrh of the respiratory organs lasted from ten to fourteen days, some even three weeks. Early sweating and diuresis are good symptoms. Lobular-pneumonia, bronchiolitis or pleuro-pneumonia, or intestinal catarrh, in old people, particularly, the prognosis should not be considered favorable. "La Grippe" is not a dangerous disease if the patient keeps indoors until he has gained his normal strength. My best remedies have been acon. and bry. Sometimes I found good indications for rhus., also gelsm. which relieved the neuralgic headache speedily. For pain in the back, kalmia, caust.; for tired feeling or aching in the

legs, pharyngeal and laryngeal catarrhs, kali bich. and caust. ; sometimes merc. sol. Sore eyes, cepa, euphr. ; for severe night cough, sticta pulm. dulc. ; hyos. for wakefulness ; tonsilitis, bell., merc. sol. ; for diarrhœa, carbo veg., verat. alb., and camphor, according to the indications used in several cases ; neuralgia relieved by acon. and gels. and kalmia, several by spig. ; the latter remedy had a good effect in angina pect., still better caffeine. Vomiting, ant. crud. and ipec. ; sometimes small portions of dry champagne with ice. When the diarrhœa appeared simultaneously with the fever, no direct remedy for diarrhœa had been used ; it ceased from itself. In every case acon. controlled the fever to my satisfaction and produced perspiration. No homœopathic physician need to be ashamed of his work.

SAN FRANCISCO, CAL.

---

---

### DIPHATHERINUM—A QUERY.

By J. L. CARDOZO, M.D.

IN the issue of June of THE AMERICAN HOMŒOPATHIST, I find an article by Dr. Steinrauf, on diphtheria, highly recommending diphtherin CM. (Swan) as a prophylactic against diphtheria. Is this to be considered as an advertisement ? or is it a challenge to invite an answer ? Permit me, then, to express my opinion.

In the first place, the Doctor did not mention *the number* of the patients to whom the prophylactic was given and remained free. A great deal will depend on this. For instance, from the report of the Board of Health of Brooklyn, N. Y., it appears that during the year 1888 there were about 2300 cases (not deaths) among a population of about 850,000, or 1 case for every 370 inhabitants, of which cases about one sixth were fatal. Now, if the Doctor has given the prophylactic to 350 of his patients (and this is a large number for a private practice), and none caught the disease, what would it prove ? absolutely nothing. For in Brooklyn were the same or even better results obtained by . . . giving no prophylactic at all. We therefore are unable to judge about the value or virtue of the prophylactic as long as we do not know the number to whom it was given. No doubt the Doctor will give us that number from his note-book. Perhaps they are *a few thousands*.

In the mean time it may be interesting to know that in an orphan asylum in New York, the superintendent ordered the children, over 500 in number, to rinse their mouths every morning with cold water. With what results, do you ask ? There was during the last year not a single case of diphtheria, neither of scarlatina. It was a better result than in Brooklyn ; *ergo*, that water in a *low* potency acted, as far as we know, just as well as Swan's *high* potency water. No, even better, for it kept out scarlatina as well, and it is much cheaper.

Earnestly spoke. No one is more anxious to find a *reliable* prophylactic for diphtheria, scarlatina, and small-pox than I am. I don't care even if it be homœopathy or not (Swan's diphtherin is not homœopathy, for that matter). I am willing to make use of a superstition or anything else as a prophylactic PROVIDED, it is *harmless, effective*, and above all RELIABLE. How can we find out if it is reliable? Not by theory, but by experience; repeated trials. If, for instance, 1000 physicians should have given the prophylactic to, say, 50,000 people in the aggregate, and only a few cases should develop, and *none* be fatal, then we would say it is worthy of another trial. Would not Dr. S. try the prophylactic of that superintendent we spoke of, and let us know the results. If he has given his diphtherin to less than 500 patients, then there is reason to suppose the superintendent's prophylactic is assuredly better.

BROOKLYN, N. Y.

---

## SOME THOUGHTS ON THE FIRST VOLUME OF CHRONIC DISEASES.

No. 10.

By S. LILIENTHAL, M.D.

WE meet another good advice, on page 173, in the old proverb, make haste slowly, where Hahnemann teaches: a great chronic disease may be cured in the space of one or two years; in young, robust persons half this space of time is sufficient. The strictest mode of life on the part of the patient and the greatest attention on the part of the doctor are necessary for the eradication of psora, and with proper antipsoric treatment the strength of the patient ought to increase from the beginning of the treatment.

How often do patients afflicted with chronic ailments run from one doctor to another and derive no benefit whatever from their treatment. Physicians and poor medical science are blamed when the patient himself is the one to blame. I recollect well one case of torpid scrofulosis (only another name for psora), with its chronic cutaneous eruptions, bloated abdomen, general debility notwithstanding notorious appetite, where the father acknowledged to have spent a pile of money, and still the half-idiotic boy was as bad as ever. My first prescription was eighteen to twenty-four months of treatment must be promised, or else it is not worth while to begin. Absolute cleanliness, and a total change of diet the corollary. A high dose of sulphur once a month and plenty of placebos were all that were needed to brighten up the mind, and here improvement showed itself first, and after a year's careful attendance we had a bright, healthy lad before us. Really make haste slowly and tell the patient at the start, that it takes time to

eradicate in the descendants their heirloom from the ancestors, and that a depreciated life force cannot be brought up to its normal state in a hurry. The old doctors and the old grannies knew better and they pestered young and old in the budding spring season with their blood-purifiers ; they know that it will take time to remove this materies prevans, and sarsaparilla and sassafras were their chief reliance. Hahnemann showed us a better way, a more pleasant one, and as soon as the patient feels some strength returning in mind and body, we may rest certain that we are on the right road ; and may the physician keep in mind that tincture of time, in allowing the medicine to perform its action, is his most powerful ally, and may the patient sin no more.

Hahnemann lived in phlegmatic Deutschland and his rules for taking medicine may do very well there, though times did change there also ; but they will not do for Americans, where time is money. Just look at the advice he gives us : The best time for taking an antipsoric remedy is in the morning before breakfast, the patient should wait an hour, at least half an hour, after having taken the medicine before eating or drinking anything. After having having taken the medicine, the patient ought to remain quiet for an hour, without sleeping, for sleep retards the first effect of the medicine. During this hour, as well as during the whole time of the treatment, the patient ought to avoid all contrary emotions, nor ought he to fatigue his mind either by reading or ciphering, writing, or by conversations that require much attention.

Great Cæsar ! what is the man thinking about ! When an American gets up, he takes his bath, and cannot do without it (L. H. may say what he pleases) ; takes his breakfast immediately afterwards and reads his morning paper at the same time, and has not the least idea to obey an order which condemns him to rest for an hour, when the morning mail immediately needs deciphering and answering. When Hahnemann penned those lines, there must have been no telegraph, no telephone, no phonograph, and no cables to unite the whole world. Lie down an hour after taking the globule !! It is only good that there is no necessity for such strictness ; the globules will do their duty at any time if they cover the totality of the symptoms ; and just with such busybodies as our American merchants are known to be, my experience taught me to give them their dose at night, where nothing interferes in their action. Hahnemann should see the progress made in our days and he would modify some of his rules. Will not the commentators of the Organon be kind enough to enlighten us also on these points ?

SAN FRANCISCO, CAL.

## NEURASTHENIA.

By W. C. HASTINGS, M.D.

"THE body has its claims,—it is a good servant ; treat it well, and it will do your work ; attend to its wants and requirements, listen kindly and patiently to its hints, occasionally forestall its necessities by a little indulgence, and your consideration will be repaid with interest. But task it and pine it and suffocate it, make it a slave instead of a servant, it may not complain much, but, like the weary camel in the desert, it will lie down and die."

In all departments of labor, in all the professions, in the whole mercantile world men are killing themselves by over-work—by working "double tides" in the fierce struggle for supremacy. This is especially true of literary men and scholars, but they are not the only ones who suffer, for do we not have "mechanics whose life is one steady, increasing grind in the treadmill of daily routine, merchants who have become mere attachés of their counter, and clerks who are living appendages of their pens ; clergymen whose brains have been converted into a gland to secrete and discharge two sermons a week ; editors who have turned their wits into paragraphs until they are little else than walking items and talking squibs ; women who have sewed themselves into their garments until "life is but a thread" ?—and need I add that the physician, who is or ought to be thoroughly acquainted with the laws of physiology, often transgresses its most elementary principles, becomes physically insolvent, breaks down midway in life's race, the victim of "drudgery."

The grinding toil, the harassing cares, the exhausting brain-work, the bustle and hurry-skurry of preparing to live so that some time in the future we shall be exempt from these drudgeries, is characteristic of our American civilization.

Since men will outrage Nature by burning the candle at both ends, we frequently have patients presenting themselves for treatment who are suffering from nervous weakness—presenting all those phenomena which belong to an exhausted condition of the nervous system.

This lack of nerve strength is not only produced by over-work, but also is very frequently associated with and produced by very many diseases. It also often exists without the presence of definite disease, or at least predominates in its therapeutic importance the disease with which it is associated.

Therefore inasmuch as we have this condition—termed "neurasthenia"—arising from so many different causes, associated and complicating numerous diseases, and which presents an array of symptoms which are both numerous and variable, it follows that a consideration of it is of great practical importance, scientific interest, and also of

legal import. Of practical importance both to specialist and general practitioner that he may correctly diagnose and treat it, and not confound it with other diseased conditions, especially anæmia and hysteria. It is equally important to the scientific student, as an accurate understanding of it in connection with all the other functional-diseases serves to the correct development of medical science.

It is of importance in its legal aspect where neurasthenia occurs in connection with traumatism, especially that which consists in a general concussion of the body. Sometimes, as in a railway accident, it is well known, *only* purely functional disturbance of the central nervous organs result. It is often some time after accidents of great severity before such nervous symptoms arise ; therefore it is necessary to wait before we can be sure that the sensations caused by fear, by anxiety, by prostration, may not supervene to such intensity as to overshadow and thwart even the higher intellectual powers of sound judgment.

The sensations first appearing obscurely, but gradually, their LONG CONTINUANCE force themselves eventually into prominence. Such persons frequently work themselves into the strangest and most absurd delusions, and finally make themselves believe that their sufferings are real. They think only of their injuries ; of their sufferings, and helplessness ; of new and worse symptoms that may possibly arise ; and accordingly we do have *new* and "interesting" symptoms germinating and expanding, of the reality of which the patient never entertains a doubt.

The *importance* of the early recognition of this mental condition is evident to any one both in its medico-legal aspect and in treatment. In such cases the constant watching by friends, frequent questionings as to feelings, etc., are a source of aggravation, and tend only to perpetuate the condition. Therefore seclusion should be at least a part of the treatment in like cases.

As the already been mentioned, over-work and excessive mental emotion predispose to neurasthenia. It in turn often constitutes the basis for other functional nervous derangements, as epilepsy, chorea-hysteria, hystero-epilepsy, sleeplessness, nervous dyspepsia, sexual debility, etc., to all which the American is particularly disposed.

But there are other conditions of the system beside those resulting from over-work, either physical or mental, which lead directly in their effects to nervous exhaustion. Among these we have neglected diarrhœa and other affections with exhausting discharges. Moreover, another reason that the tendency of the American people is *especially* toward nervous excitability and debility is an excessive dryness of our atmosphere. When exposed for a length of time to a dry atmosphere the natural fluids of the body become absorbed ; hair becomes stiff and brittle, vegetation shrivels and becomes parched ; the vitality of men



and animals likewise becomes lowered, and nervous excitability and debility is the result. Also the improper ventilation and over-heating of our houses act as a potent cause. The over-heated and dry air of our homes and our business-rooms abstracts more than the proper amount of fluid from our bodies, and on passing out into a temperature relatively extremely cold our perspiration becomes checked, the blood is forced from the surface to our lungs and digestive viscera, and pneumonia, pleurisy, and gastric, kidney, uterine and ovarian diseases result as well as numerous injuries to the nervous organization. The remedy for this is evident,—maintain the proper ventilation and temperature of our homes, a proper amount of humidity of the air ; rely more on the proper amount and kind of food, also exercise for warmth.

In very truth all our hygienic surroundings must be conducive to health if we would avoid nervous exhaustion or those diseases that lead thereto.

This is especially true of brain-workers, who are more susceptible to these external disturbances.

However, as every sweet has its sour, and every good its evil, so if men will neglect the ordinary rules of health, or work their brains and their bodies to exhaustion, failure is the result. Our bodies refuse to be mismanaged long. If we tax them too high the revenue will yield nothing. Yet as it takes longer to exhaust one man's bank account than that of another, so it takes longer to exhaust one man's nerve capital than that of another. But in both cases bankruptcy sooner or later results if the expenditure be greater than the income. Still inasmuch as wrong living has its just retribution, so does right living have its compensation. Then again the transmission from parent to children of disease or diseased tendencies under different forms is a subject of great importance.

Accordingly if in the future, which is a sequence of the present as the present grew out of the past, we expect to have strong men mentally and physically, it is necessary for the people of to-day to husband their resources, hasten more slowly in their efforts to work up to greater heights, and devote more time to recreation. Then, as "men walk as prophecies of the next age," we may hope that we will have a people with such a reserve fund of energy, not to be easily exhausted, and who will better understand that frequent respites from toil are as necessary as labor, and who will add many years to the average expectancy of life. But as desirable as life is, does not the value of a life depend more upon the amount and quality of the work done than upon the years to which it may be prolonged :

" Life's more than breath, and the quick round of blood ,  
'Tis a great spirit and a busy heart.

.....

We live in deeds, not years ; in thoughts, not breaths ;  
In feelings, not in figures on a dial.  
We should count time by heart-throbs. He most lives  
Who thinks most, feels the noblest, acts the best."

Among the symptoms that would call our attention to cerebral neurasthenia (brain exhaustion) may be mentioned—tenderness of the scalp, which corresponds in spinal neurasthenia (spinal exhaustion) to the tenderness along the spine.

In pure brain exhaustion, loss of the disposition to follow his usual avocation is generally the first symptom. But this is soon followed by the loss of power of fixing the attention, loss of memory, vertigo, sleeplessness, mental depression, melancholy, and the patient becomes excitable, irascible, and loses control of the emotions.

With a different group of symptoms, we have our attention called to spinal neurasthenia ; as a general tenderness of the skin, tenderness along the spine, creeping sensations in the back, ovarian irritation, muscular twitchings, and sexual debility, together with many other manifestations of spinal weakness.

But to differentiate between cerebral and spinal exhaustion is not possible in every case, both because of the various combinations of the symptoms and also because an irritation at one point may be transferred, making itself felt at some other point quite remote.

As familiar examples, diseases of uterus or ovaries may cause facial, mammary, inter-costal, or gastric neuralgia.

So likewise dental irritation, eye-strain, or other causes of reflex disturbance frequently incite functional nervous derangements. Thus the presence of a wisdom-tooth on other roots and on the gums not infrequently causes *intense* pain not only in its immediate vicinity, but excites irritation which may be referred to more or less distant parts, and so aid in producing neurasthenia. Likewise when a sense of pain and weariness of the eyes invariably results, a persistent use of them will assist to bring about nervous exhaustion.

The remedy is evident : remove the irritating tooth or correct the morbid condition of the eye by appropriate treatment as the case may be.

Now the question, what shall be done to counteract the fearful effects of nervous exhaustion, is pertinent. Shall our patients be counseled for the thousandth time to take exercise and recreation,—to take long walks and breathe fresh air? But, unfortunately, exercise, taken consciously and for its own sake, degenerates into a task, and so gives very little if any relief to the mind. Then such exercise rushed through perfunctorily exhausts rather than invigorates, and our patient is exhausting his nerve capital at both ends, head and heels at once

Inasmuch as sleep is periodically necessitated whenever either the

mental or corporeal forces become exhausted by the performance of a certain amount of work, so in like manner rest of body and mind should be *periodically* taken by all brain-workers, or at least if they cannot give the brain absolute repose they should vary their labors, which is another form of repose.

All cares and brain-work of that character which has had connection with producing the nervous exhaustion must be removed, and the mental labor be so varied that his interest shall be maintained and yet his mind will not be running in the old channels.

Also he must invigorate the general health of the whole body, not by an hour or two of violent exercise in the gymnasium, but by weeks or months given to renovation and physical improvement.

Vacation and frequent holidays are the desiderata as preventives of nervous exhaustion, and he who takes occasional rest will live longer, do more, and enjoy life better than he who drudges at his work from January to December.

The man who exhausts his brain again and again by one kind of mental stimulation until satiety results and a repugnance to his work arises, only adds debility to debility, which never can result in strength.

To such a man travel is beneficial,—ocean voyaging has been especially recommended, as it affords more complete isolation and nothing to recall old cares. Or, if ocean voyaging is not practicable, then let him turn to the manifold beauties of nature that lie everywhere so near us if we will only take the time to observe them. Nature not only has a pleasurable excitation of its own, but its beauty excites at the same time a number of other pleasurable emotions—perhaps reminiscences of older, happier times, and is thus a cause of a much greater alleviation of the mind than a mere pleasurable excitation could produce by itself.

At least the patient should be separated from old cares and surroundings and something substituted not too stimulating to engage his thoughts and attention.

But in our efforts to banish business cares from our patients we must remember that while a *man* may find immunity from a burdensome sense of responsibility by remaining at home, a *woman*, in order to be separated from *her* cares, must go away; for to isolate her in her own house would be like placing a man in a corner of his office, store, or factory.

Likewise the functions of the skin must be properly maintained by proper bathing, and the patient should be properly fed as much as is compatible with good digestion, but care must be taken not to overdo and so defeat the very object we are trying to accomplish. For the neurasthenic patient who cannot take any or very little active exercise, passive exercise can be obtained by the use of the faradic current,

both to the individual muscles and also to the whole body ; and also by massage, which, like electricity, affects to a great extent the peripheral circulation and gives tone to the muscular system.

In a condition as variable as neurasthenia, and occurring under such manifold circumstances and presenting so great a variety of symptoms, we could not expect a few remedies to meet every possible situation that might arise. But in conjunction with the means already mentioned we have in *arnica*, *calcareæ carbonica*, *coffea*, *gelsemium*, *ignatia*, *nux vomica*, *phosphoric acid*, *phosphorus*, *picric acid*, *pulsatilla*, *rhûs toxicodendron*, *secale cornutum*, *silicea*, *zincum phosphatum*, and *zincum valerianicum*, the leading remedies needed in this condition. But whatever remedy is used let it be given according to its well-known indications, and the homœopathic physician will have no need to use allopathic palliatives and methods, as the bromides, chloral, valerian, opium, conium, cocaine, iron, quinine, and strychnia, aromatic spirits of ammonia, or the oxide of zinc. Neither will he have to cauterize, as directed by Prof. Ranney, the back of the neck, over the point of entrance of the vertebral arteries, with the white-hot platinum tip in order to relieve his patient of insomnia.

VAN WERT, O.

---

#### TENNESSEE STATE HOMŒOPATHIC MEDICAL SOCIETY.

---

THE annual session of the Tennessee Homœopathic Medical Society convened at Lookout Inn, on Lookout Mountain, Wednesday, September 10, at 3 P. M., with the President, E. H. Price, M.D., of Chattanooga, in the chair. The minutes of the previous meeting were read by the Secretary, W. C. Dake, M.D., of Nashville, and approved by the society.

The report of the Board of Censors, through its chairman, J. P. Dake, M.D., of Nashville, resulted in the addition of the following to membership in the society : Drs. J. P. Asbaugh, W. W. French, G. E. Harrison, E. Lippincott, Wm. Hewitt, H. Z. Landis, Chattanooga ; Clara C. Plimpton, J. H. Enloe, D. R. Overman, Nashville ; R. H. Baker, Watertown ; T. H. Hicks, Knoxville ; W. E. Hathaway, Maryville.

Dr. J. P. Dake then read in substance the charter of the society, which was secured March 11, 1890.

The report of the Treasurer, T. E. Enloe, M.D., of Nashville, showed a balance in the treasury.

A verbal report of the Committee on Medical Legislation was made by its chairman, J. P. Dake, M.D., of Nashville, who said that the Tennessee Legislature had had medical bills presented at each session since the last meeting of the society, but that all had failed of passage, until at the last session, when a registration law was passed. The bill passed the House as presented, but when it reached the Senate some amendments were made, and it finally became a law by a majority of

one. He says that it is the intention of the Regulars (so called) to modify the present bill in their own interests at the next session of the Legislature. He suggests that some changes be attempted by our school and that the membership of the Board of Medical Examiners be increased from six to twelve. Dr. J. P. Dake spoke of the efforts and success of Dr. H. M. Payne of Albany, N. Y., in securing the passage of the New York Medical Law. Dr. Dake objects to all Medical Examining Boards and favors only registration laws. He stated that our representative on the Board, Dr. T. H. Hicks of Knoxville, was at present in Europe. Dr. J. M. Fraer asked that, if at any time a member of the Examining Board should resign or die, who had the power to fill the vacancy. Dr. J. P. Dake replied that the Board had the power to fill the vacancy until the expiration of the member's term of office. This statement elicited considerable comment as to whether, in case of such an emergency with the homœopathic member, the Regulars would give our school its just dues. The law provides for one homœopathic and one eclectic member on the Board, to be appointed by the Governor. Dr. J. P. Dake then read a paper on "Medical Legislation," after which Dr. W. W. French, of Chattanooga, discussed Dr. Dake's paper and made some remarks on Medical Legislation. Dr. French offered a resolution, which was amended by Dr. J. P. Dake, to the effect that we favor a registration law, but that in case of Boards we favor separate Boards, and gave eighteen reasons why he opposed the present Tennessee Medical Law and Examining Boards in general. It was discussed by Drs. Fraer, Buck, Dake (J. P.), French, Asbaugh, Lippincott, Price, and Curtis.

Prof. J. D. Buck, of Cincinnati, made a few timely remarks, which were appreciated and acted upon by the society. Drs. E. H. Price, J. P. Dake, and others favored putting our school on record in favor of quarantine. Dr. J. P. Dake was in favor of exercising common sense in quarantine regulations. Dr. D. G. Curtis very emphatically opposed Medical Examining Boards but in case they were forced upon us, favored separate Boards. Dr. E. Lippincott, of Memphis, desired to put himself on record as opposed to all Boards, and one of his reasons was that in some States there were not enough homœopaths to constitute a Board.

Dr. J. M. Fraer read an excellent paper on "Infant Feeding," which was discussed by Drs. French and Lippincott. Dr. E. Lippincott read a paper entitled "Fœtus Papyraleons." A paper was presented on "Gonorrhœal Sterility," by Prof. W. A. Edmonds, M.D., St. Louis, which was read by the Secretary, W. C. Dake, M.D., in the absence of the writer. It was discussed by Drs. French, Enloe, and Lippincott. The Secretary read the following list, from whom letters and telegrams of regret at their inability to attend had been received: Profs. E. M. Hale, J. S. Mitchell, E. H. Pratt, D. S. Mitchell, and Lanning, of Chicago; Prof. W. A. Edmonds, St. Louis; Dr. W. E. Green, Little Rock; L. D. Morse, and F. H. Orme, Atlanta; R. H. Baker, Watertown; E. R. Carson, Savannah; W. E. Hathaway, Maryville; C. E. Fisher, San Antonio; E. Guersey, New York; W. M. Biddle, Columbia; Charles Dake, Hot Springs; Frank Dake, Chicago; Louis Sherman, Milwaukee; and Prof. Frank Kraft, Cleveland. The session then adjourned until 10 A.M., Thursday, September 11.

## SECOND DAY'S SESSION.

The second day's session was called to order by the President at 10:40 A.M. An addition of several physicians had been made by arrivals that morning and the previous evening. The first business transacted was the reading of a paper on "Glonoine in Climacteric Flushes," by Clara C. Plimpton, M.D., of Nashville. The paper was terse and interesting. It was discussed by Prof. J. D. Buck, Drs. J. P. Dake, W. W. French, J. M. Fraer, and E. Lippincott. Prof. Buck commended the writer and spoke of the scientific utility of the paper because of the writer's having proven it upon herself and others to test its utility. Dr. J. C. Dake spoke of his use of the remedy in epilepsy, and especially when given at the time of the aura of epilepsy.

He gives his epileptics a vial of the medicine and advises them to take a dose at the first indication of the approach of an attack, or at aura, and states that it prevents the attack. Dr. H. G. Boyless, of Knoxville, informed the writer of these minutes that he knew a physician who hypnotizes his epileptic patients previous to the usual time of the attack, and keeps them under its influence for twenty-four hours.

The next paper presented was "Cardiac Dyspnœa," by Prof. E. M. Hale, of Chicago, which was read by the Secretary in the absence of the writer. Dr. E. Lippincott spoke of the efficacy of cannabis indica in patients who were suddenly aroused on going to sleep, compelled to jump up suddenly, gasp for breath, frightened, and with an excited heart action. Dr. Hale's paper elicited much discussion.

Dr. J. P. Dake presented an able paper, showing thought and study, the title of which was "Science as Applied to Therapeutic Occultism." His object in writing it was to draw attention to the excellent address of the President of the American Institute. Dr. Dake's paper was ably discussed by Prof. Buck and Dr. D. G. Curtis. Prof. Buck gave the society an able and interesting half hour's talk at this juncture.

The members regretted not having a stenographer present, that his remarks might have been published.

Dr. G. E. Harrison presented an interesting case, and having the patient with him, made it doubly so. He gave a history of the case, which was a malignant growth in the lower left chest, crowding the heart over to the right side of the chest. The patient had been materially improved and the growth very much lessened by the local and internal arsenical treatment as suggested by Prof. J. S. Mitchell of Chicago. Dr. W. W. Tydeman of Knoxville arrived before the opening of the morning session. Dr. H. G. Bayless of Knoxville, and others, arrived at this time, and Dr. Bayless was elected to membership. The next business in order was the election of officers, which resulted in the election of:

W. C. Dake, M.D., Nashville, President; J. M. Fraer, M.D., Chattanooga, 1st Vice-President; W. W. Tydeman, M.D., Knoxville, 2d Vice-President; H. G. Bayless, M.D., Knoxville, Secretary; T. E. Enloe, M.D., Nashville, Treasurer.

*Board of Censors.*—H. G. Bayless, M.D., Knoxville, Chairman; D. G. Curtis, M.D., Chattanooga, and E. Lippincott, M.D., Memphis.

The following Committees were appointed:

*Medical Legislation.*—J. P. Dake, M.D., Nashville, Chairman; E. Lippincott, M.D., Memphis, and T. H. Hicks, M.D., Knoxville.

*Prevailing Diseases.*—J. M. Fraer, M.D., Chattanooga, Chairman ; W. W. Tydeman, M.D., Knoxville, and H. Z. Landis, M.D., Memphis.

*Sanitary Science.*—W. W. French, M.D., Chairman ; R. H. Baker, M.D., Watertown, and D. R. Overman, M.D., Nashville.\*

*Surgery.*—T. E. Enloe, M.D., Nashville, Chairman ; E. H. Price, M.D., Chattanooga, and Wm. Hewitt, M.D., Memphis.

*Diseases of Women and Children.*—Clara C. Plimpton, M.D., Nashville, Chairman ; W. M. Biddle, M.D., Columbia, and G. E. Harrison, M.D., Chattanooga.

*Materia Medica.*—E. Lippincott, M.D., Memphis, Chairman ; T. E. Enloe, M.D., Nashville, and J. P. Asbaugh, M.D., Chattanooga.

*Climatology.*—D. G. Curtis, M.D., Chattanooga, Chairman ; J. P. Dake, M.D., Nashville, and H. Z. Landis, M.D., Memphis.

The next business being the selection of a place of meeting, Nashville and Knoxville were balloted upon, and Nashville selected by a majority of three.

An invitation was extended by the society to the Southern Homœopathic Medical Association to meet with them next year at such time as could be agreed upon. At this juncture telegrams from Drs. L. D. Morse, Atlanta, and C. E. Fisher, San Antonio, were received, expressing good wishes. The society extended a vote of thanks to these gentlemen for their courtesies.

A vote of thanks was offered to the President for the able manner in which he presided. A vote of thanks, very appropriately worded by W. W. French, was extended to the Secretary in consideration of his services in securing such an interesting meeting. A vote of thanks was offered by Dr. J. P. Dake and sanctioned by the society for the courtesies shown to the society by the proprietor of Lookout Inn. The expression of various members on a variety of topics were presented, prominent among which were those of Prof. J. D. Buck, who gave the society an interesting and instructive talk. At this juncture a paper was received from W. E. Green, M.D., Little Rock, on "Official Surgery in Reflex Disorders," which was read by the Secretary in the absence of the writer. Drs. J. W. Irons and Charles P. Beaman, J. A. Ligner and B. H. Payne, Rome, Ga., having arrived, the last three were elected to membership. The resolution of Dr. French, offered the previous day, was reread for the benefit of those not present at that time. The meeting was a highly interesting one and all declared that they had been well paid for attending. The success of the meeting exceeded the most sanguine expectations of any of its members. Much interest was manifested throughout and it was a veritable intellectual feast. The meeting adjourned at late dinner time, after which the time was spent in viewing the grand panorama presented from the top of the mountain. The *personnel* of the meeting was exceedingly good ; Prof. J. D. Buck, President of the American Institute of Homœopathy, an author and lecturer of well merited distinction, and as if to add to the grace of the occasion was accompanied by his wife.

The veteran J. P. Dake, M.D., who has done so much for homœopathy in the South and elsewhere, took an active part in the proceedings.

W. W. Tydeman, M.D., whose name is a household word among the homœopaths of the South, lent dignity to the occasion.

The President of the Southern Homœopathic Medical Association,

Dr. E. Lippincott was gathering points with a view to the success of the Birmingham meeting. A few ladies were present, about six in all, prominent among whom was Clara C. Plimpton, M.D., Nashville, the pioneer lady homœopath of the South, who now enjoys a lucrative practice. The wives and friends of some of the members were present.

Dr. E. H. Price made a good presiding officer and was as calm as a May morning in his deliberations. Dr. D. G. Curtis, who has the interest of the society as much at heart as any of its members, was omnipresent and ever alert for the interest of the society.

Dr. W. W. French entered into the spirit of the meeting with both feet, and a medical meeting is destined to success when he becomes interested in it. He has clear cut ideas of the subjects on which he speaks, and, like all others who spoke, is opposed to Medical Boards in general and especially those which are disposed to discriminate against homœopathy.

Dr. J. M. Fraer has acquired an enviable reputation as a physician and in society meetings is easy and happy in his remarks.

Dr. W. C. Dake made an earnest, hard-working, and efficient Secretary.

Dr. H. G. Bayless, quiet and unassuming in demeanor, a comparatively young but eminently successful surgeon, was elected Secretary, and if as successful in this office as in practice will bring the society to rank with the best.

This is the first meeting of the society that has been favored by the presence of ladies.

Much could be said in praise of the Chattanooga physicians for the interest manifested and courtesies shown to visiting physicians, for when a homœopath visits their city they capture him and hold him spell-bound until he has seen the grand panorama of views in and around their city. Nature has made Chattanooga one of the grandest sights on the continent.

Lookout Inn, on the top of Lookout Mountain, commands a view of all the surrounding country. Seven States can be seen from its observatory. It is one of the most elegant hostleries and summer resorts in the South, and is destined to be a popular place of meeting for conventions. The house is new, nicely finished, handsomely furnished, and contains nearly three hundred rooms, with all the accommodations requisite to a first-class resort, the rooms being large and airy. The place has acquired some reputation as a hay fever resort. The members of the society appreciated the courteous treatment received from the house.

---

*The Following is from the "Daily Times," Chattanooga, Tenn., Friday, September 12, 1890:*

#### DOCTORS IN COUNCIL.

ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF TENNESSEE ON LOOKOUT MOUNTAIN.

The annual meeting of the Homœopathic Medical Society of Tennessee, took place at Lookout Inn, September 10 and 11, and was largely attended.

In addition to members of the society from Tennessee, there were



several physicians from other States, among whom may be especially mentioned : Dr. J. D. Buck, of Cincinnati ; Dr. B. H. Payne and Dr. J. A. Liquer, of Rome, Ga.

Dr. E. H. Price, of Chattanooga, president of the society, presided at the meetings.

Papers on interesting medical topics were presented by Dr. E. M. Hale, of Chicago ; Dr. W. E. Green, of Little Rock ; Dr. J. P. Drake, of Nashville ; Dr. J. M. Fraer, of Chattanooga ; Dr. E. Lippincott, of Memphis ; Dr. W. A. Edmonds, of St. Louis ; Dr. Clara C. Plimpton, of Nashville, and others.

Dr. J. D. Buck, of Cincinnati, O., was elected an honorary member ; Doctors B. H. Payne and J. A. Liquer, of Rome, Ga., corresponding members, and sixteen physicians in Tennessee, active members of the society.

The charter obtained for the society last March was read and approved, and places the organization upon a legal basis.

Dr. W. W. French, of Chattanooga, introduced the following resolution, which was unanimously adopted :

*Resolved*, That it is the sense of the Homœopathic profession of the State of Tennessee, represented by those in attendance at the State Society of Homœopaths, assembled on Lookout Mountain, September 10 and 11, 1890, that we are not in sympathy with the present law governing the practice of medicine in the said State of Tennessee.

*Resolved*, That a committee be appointed by this society, who shall present our claims before the coming Legislature advocating a proper registration of practitioners only, or asking for equal representation upon a single board, or the forming of a separate Board of Homœopathic practitioners.

The members of the society were much pleased with Lookout Inn as a place of meeting, and unanimously adopted the following resolution :

*Resolved*, That the thanks of our society be tendered to the managers of the Lookout Inn for courtesies extended to our members during our meeting.

*Resolved*, That from our observation of the locality, structure, and appointments of the Lookout Inn, we would most heartily commend it as a pleasant place of resort in summer and a most salutary place of residence in winter.

Nashville was selected as the next place of meeting, and the following officers were elected for the ensuing year : Dr. Wm. C. Dake, of Nashville, President ; Dr. J. M. Fraer, of Chattanooga, First Vice-President ; Dr. W. W. Lydeman, of Knoxville, Second Vice-President ; Dr. H. G. Bayless, of Knoxville, Secretary ; Dr. T. E. Enloe, of Nashville, Treasurer.

An invitation was extended by the society to the Southern Homœopathic Medical Association to meet with it next year in Nashville.

Several ladies attended the meeting.

Among the prominent physicians in attendance was Dr. E. Lippincott of Memphis, the President of the Southern Homœopathic Medical Association, an organization embracing all the Southern States. This association meets in Birmingham, Ala., in November.

## BOOK REVIEWS.

A CYCLOPÆDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. Edited by JOHN M. KEATING, M.D. Vols. II. and III. Illustrated. Phila. : J. B. Lippincott Co., 1890.

To be a judicious editor of other people's literary output, is as great an art as to prepare the original paper. Flowers grow in abundance along the path of life, but they are rarely appreciated or understood until some master hand culls them and places them in proper juxtaposition. Dr. Keating not only provides the ribbon to bind the garland, but he has displayed the consummate art of selecting only such posies as are acceptable to the mass of readers, and has thereby done himself and his contributors lasting credit. As was formerly stated, in our review of Vol. I., the intrinsic value of the work is apparent to the most cursory reading; and to give much time to any particular article or series of articles might tend to create invidious comparisons which are not intended because not called for.

Diseases of the skin; Constitutional Diseases and Diseases of Nutrition; Diseases of the Respiratory Tract; Diseases of the Circulatory, Hæmatopoietic, and the Glandular Systems, and Diseases of the Mouth, Tongue, and Jaws constitute the contents of Vol. II. The papers contributed to these various sections are from the pens of men celebrated in letters as well as medicine, and who have fitted themselves by study and experience for speaking *ex cathedra* on their several specialties. The illustrations are produced, many of them in both volumes, by the photo-lithographic process, so that absolute truth prevails; and the cuts are new and not back numbers. Vol. III. gives its attention to Diseases of the Digestive System; Diseases of the Genito-Urinary Organs; the Blood; Surgery; and diseases of the Osseous System and of the Joints. The same general excellence permeates this volume as its predecessors. A physician of whatever school, can profitably employ his leisure hours in adding to his stock of knowledge from these works. True, the treatment is not as we would like, but a careful homœopath will not permit that consideration to deter him from reading the emanations from such brilliant pens; and thereafter apply his remedies and measures in consonance with our Law. The Lippincott Co. is presenting the Cyclopedia in excellent style of workmanship, clear type, and fine paper. The Work commends itself. Good wine needs no bush. Yet we cannot refrain from saying these few commendatory words.

GENTRY'S CONCORDANCE REPERTORY OF THE MATERIA MEDICA, arranged upon the plan of Cruden's Concordance Repertory of the Bible, published by subscription in six volumes, at \$6, cloth; \$7, sheep; \$7.50, half mor. A. L. Chatterton & Co.

The second and third volumes of this excellent work are now before the profession, shedding their eight upon the work of homœopathy. These later volumes continue in the same vein of marked superiority of the first volume, and give earnest of the value of the succeeding numbers. Dr. Gentry has put the profession for all time under obligations for his work in expediting and simplifying the selection of the

homœopathic remedy, thus doing away forever with the need of alteration, mixing, "dope-ing" opium, cascara sagrada, and other surreptitious adjuvants of the ignorant homœopath. It is a work that can never grow old or be forgotten, and the money expended in its purchase is well spent.

Gross & Delbridge have issued a Fourth Edition, Revised and Enlarged, of Dr. A. E. Small's *DECLINE OF MANHOOD*. The homœopathic reader is already familiar with this work and needs no new recommendation. It is explicit and unmistakable in its aims, and while the treatment is not in line with that of the present day therapeutics,—homœopathically speaking,—it is nevertheless fine and deserving of study.

ST. NICHOLAS has a new serial story by Trowbridge, to replace "Crowded Out of Crofield." Tudor Jenks has a charming bit of a story entitled "The Sequel," which is amusing and instructive; other articles are up to date, notably the 'gator story and "Lady Jane."

A little journal emanating from a college comes to our table with a copy of a private letter, printed and published without permission. Among honorable men—even of the case-hardened daily paper journalists—the violation of the sanctity of a private communication is considered the depth of perfidy.

---

## GLOBULES.

---

**REMOVAL.**—Dr. Charles Deady has removed to 59 West Forty-ninth Street, New York.

The present post office address of Dr. Frank Kraft is 29 Euclid Avenue, Cleveland, O.

—Professor Jas. C. Wood, of the University of Michigan, recently performed a successful ovariectomy at Ann Arbor.

—**LAUGHING GAS.**—The *Progres Medicale* says "M. Laffont concludes, after careful investigation, that anæsthesia induced by nitrous oxide gas is by no means harmless."

—**BAD EFFECTS OF INTOXICATION.**—For a beer drunk give tea, and follow with rhus. or nux. vom. For a whisky drunk, salt water, and later pulsatilla. For a wine drunk, give a bitter almond and then nux. vom.

—The Homœopathic Medical Society of Eastern Ohio publishes in pamphlet form a History of itself, which makes good and instructive reading matter. Evidently, also, we have a poet in the Western Reserve in Dr. J. W. Rockwell.

—We regret to hear that Dr. Von Graefe, the celebrated oculist, is lying dangerously ill at Kissingen. At a consultation his condition was pronounced to be critical, and it is possible that before these lines are in print, he may be no more.

—CORRECTION.—Page 104, Lilienthal's Therapeutics, under Conium, change > sign to <,—aggravated instead of relieved.

—Dr. Hallette, who was allowed to examine the body of a man who was guillotined last week at Montreuil-sur-Mer, reports that the beating of the heart continued to be perceptible for a quarter of an hour after decapitation had been effected.

DEATH FROM DRINK.—A prominent local Prohibitionist died suddenly in Lewis County, Kentucky, last week, and the evidence before the coroner's jury was that he had drunk a great deal of cold water while very warm. The verdict of the jury was that "he drank himself to death."

—A PECULIAR CONDITION OF ALOE.—No actual pain with the stool, but afterwards a sense of great soreness about the anus, while within the rectum and especially in the perineum so severe was it that the ordinary means of cleansing were too painful and she was obliged to use a soft sponge and water for this purpose.

—The Round Table Club of Cleveland had a monthly gathering at the Lennox and in consonance with its organic but unwritten law, served up a Delmonico dinner, and during and between courses talked of its cases new and old, exchanged opinions and remedies, quite informally. Dr. Gleason, president. Dr. Kraft was secretary *pro tem*.

—The seventh annual session of the Southern Homœopathic Medical Association will be held November 12, 13, and 14, 1890, at Birmingham, Ala. President Lippincott is moving heaven and earth to make this a more successful meeting than was the last one, which he engineered as secretary. Luck to you brother and brethren!

—DEAD SHOT FOR TAPE-WORM.—Bernard Persch says that he has found nothing to equal the following treatment, which is as certain as anything in medicine generally gets to be: In the morning early he gives a drop of croton oil dissolved in chloroform, and the solution mixed with an ounce of glycerine. On retiring that same night, the patient is given a mild laxative.

—WOMEN DOCTORS.—Women who practice medicine suffer from inconveniences at times (*Lancet-Clinic*), as for instance: A man rang a door-bell of a female physician at night crying: "Quick! Tell the doctor to hurry, as my wife is about to be confined." Then the husband of the female physician, who had opened the door, responded: "It is impossible for the doctor to go at this moment. She is about to be confined herself."

—INTERNATIONAL CONGRESS OF HOMŒOPATHY.—The Committee of Local Arrangements of the American Institute of Homœopathy held its first meeting at Atlantic City on July 12, 1890, at the Hotel Brighton. The members present being Drs. Youngman and Crosby, of Atlantic City; Streets, of Bridgeton, N. J.; Karsner, Dudley, and Van Baun, of Philadelphia; Dr. T. Y. Kinne, of Paterson, N. J., and Dr. J. H. McCelland, of Pittsburgh, of the Executive Committee of the Institute, met with the local committee.

—"A Blow at the Middletown (N.Y.) Insane Hospital."—Under this caption we find a series of resolutions in a recently received daily paper,

deprecating and deploring the action of the Commission in Lunacy, which requires that no private patient can be received unless permission is also obtained from said commission. Instead of continuing a self-sustaining institution, this makes the hospital a State institution, dependent on it for maintenance. The State Homœopathic Society have taken the matter in hand, and some very vigorous work may be expected.

—The Cleveland Homœopathic Hospital College is doing nicely under its new and harmonized faculty and its advanced medical teaching. There are daily accessions to the class, and those who come now are anxious to get past lectures; a number of these will be repeated at open hours during the session, especially those in *Materia Medica*. There never has been such attention given by the students to the clinics as now—the material being abundant, and the professors able and willing.

—POINT OF SELECTION FOR MAKING ARTIFICIAL ANUS.—Dr. M. D. Hoge, Jr., had read Dr. Hunter McGuire's report on twenty-one cases of suprapubic cystotomy, in which Dr. McGuire said that, if he had a case upon which to operate for making an artificial anus, he would select somewhere in one of the recti muscles, near the median line, because he had noticed that the contraction of these muscles tended to close any opening that might be about the location just mentioned.—*Va. Med. Monthly*.

—ACONITE RESTLESSNESS.—“Do you know,” said Dr. Hedges, “that I use aconite more and more every year. Take the one illustration of restless children. The mothers may have given chamomilla, coffee, and other things, and they come to me and say, “Doctor, I wish you would give me something for baby; it is nervous, restless, and does not sleep good. I have given it everything I know, but they do no good.” I give the mother a vial of aconite 30, and they report wonderful effects. They hoard that “quieting” medicine carefully, and years afterwards come back for some more. Aconite is a wonderful remedy.

—A TARENTULA CASE.—About June 15, 1885, I was called to see Mary L., aged twelve years and two or three months. She was of a nervo-bilious temperament, black hair and eyes; had been sick for four weeks; no appetite; no sleep; and a jerking of both hands and one leg, the left. She would protrude her tongue by jerks, which was much like that of a serpent when he chances to find an unfortunate son of Adam crossing his path. Tarentula, two doses, at an interval of two weeks, cured this case. I gave the remedy in the 200th, and kept watch of the case for a year, in fact up to a short time since. She also menstruated at the proper time without any medical help and is now a fine healthy young lady of more than ordinarily robust health.—*J. Dever, M.D.*

—ENDOCARDITIS.—Harry N., aged nineteen, while recovering from a severe attack of la grippe, was seized by a severe form of acute articular rheumatism. After a careful treatment, on the tenth day of the illness the case presented the following symptoms: The heart-beat was too strong—it was visible to a person standing by; it was much worse at night; there was palpitation, with great irregularity of the heart's action:

the skin was cool and clammy, while internally, the patient was very hot; the skin had a palish waxen hue; there was great thirst and intolerance of water; there was also great restlessness and dyspnoea; a double murmur was clearly audible over the superior cardiac region. Gave arsenicum alb. with complete success. We use the third trituration in preference to all other preparations.—*Medical Current.*

—CONGENITAL COCCYGEAL TUMOR.—Prof. Törngren of Helsingfors describes a very rare case of a congenital cystoma of the coccygeal region in a girl of six months. At birth the new growth was the size of a hen's egg, but subsequently gradually became as large as a half of the infant's head. The tumor was sessile, partially soft, partially fluctuating, the coccyx being displaced backwards and upwards, the rectum crowded out forwards. The growth was enucleated under antiseptic precautions. The wound healed kindly, but sixteen days after the operation the child died from diarrhoea, with steadily increasing exhaustion. The tumor proved to be an encapsulated multilocular cystoma imbedded between the gluteal muscles and attached to the coccyx by means of very dense fibrous tissue. All cysts but two contained a jelly-like yellowish fluid, the remaining being filled with blood-clots.

—Psorinum is the least known and least used of all our antipsorics, but nevertheless a very valuable therapeutic agent. It restores the sinking vitality in cases of chronic debility and removes the bad effects of typhus and typhoid fevers; only, as a rule, when no organic lesions are present, thus differing notably from lycopodium. It holds the same place in regard to chronic diseases that sulphur does to acute, rousing the slumbering vitality when the properly selected remedy fails to act. Like sulphur, it is a drug for dirty people, in whom the body has a filthy smell; its stools and ulcerous discharges are always foul. Tuberculous and scrofulous diseases following suppressed eruptions; boils, blotches, and itching eruptions which bleed easily, and constantly tend to suppuration. It is probably the only remedy which can remove the internal miasmatic condition upon which hay-fever depends. A strong indication for its use in chronic diseases is the profuse sweating which relieves putrid discharges from the ears and raw oozing sores. *D. C. McLaren, M.D.*

—HINTS TO THE UNFORTUNATE.—A few suggestions, culled from accounts in the daily press, of cases of "accidental death" during the past week, may prove of service to those who are not ingenious enough to think of them for themselves:

1. Mix some coarse flour and strychnine to kill the rats with; then place the mixture in a jar, similar, and as near as possible to the vessel containing the family oatmeal. Prepare to shed this mortal coil!

2. Place some laudanum in an empty medicine bottle, and stand it alongside a bottle of physic on a table by your bedside; take a dose from the nearest bottle, in the dark; ten chances to one it's the laudanum.

3. Pour some carbolic acid into a beer bottle, cork it, and put it aside in a cool spot; the next person who comes along with "a mouth on him" will find it a vast improvement on common or ginger beer.

4. Smear a piece of bread with phosphorus paste (Rough on Rats), and leave it in a cupboard well within reach of marauding youngsters; if their lives are insured, you will have no reason to regret the experiment.—*Hospital Gazette.*

—*Lycopodium* follows *calcareo* well. It is a remedy that should always follow—never lead. In chronic cases generally *calcareo*; in acute cases generally *nux vomica*, sometimes *lachesis*. Why, it is impossible to say; enough that it is the abundantly proven experience of the most successful prescribers from Hahnemann down to the present time. It has a wonderful power to effect the removal of the bad results of fevers, especially morbid tissue changes, e.g. fistulous ulcers, caries and sinuses, glandular swellings, inflammation of the bones with nocturnal pains, chronic urticaria, *nævus*, and other blood tumors. Its range in acute cases is quite large: tonsillitis and diphtheria, typhoid pneumonia, inflammation of the liver, gall-stone colic, renal colic, peritonitis, cystitis, hæmaturia, ovarian tumors, ovarian and other dropsies. In all of these the disease begins on the right side and extends to the left, the aggravation occurs from 4 to 8 P. M., and the breathing is so disturbed that the nostrils have a decided fan-like motion; generally, too, the urine deposits a brick-dust sediment. With these indications the remedy has frequently removed chronic liver enlargement, old hepatizations of the lungs, and many inflammatory growths.—*Advance*.

---

#### OH-DONT-OLGY.

Don't take any more of our Dont's, brethren, without credit.

Don't work about a hospital with filthy hands and soiled clothes.

Don't begrudge the time taken up in writing out your directions for sick-room.

Don't forget that a child cannot swallow as long as the spoon is between the teeth.

Don't, if you are a *Homœopathic* College, uphold the U. S. Dispensatory as a homeopathic text-book.

Don't admit the clergy too frequently to your cases. They are apt to depress them by their ministrations.

Don't fail to examine dental plates when persistent sore mouths resist all treatment in your adult patients.

Don't forget to inclose a stamp for reply when you ask a professional brother for business in which you are interested.

Don't use too much water about your baby; more oil and less water will make your pet robust and indifferent to lean or wasting diseases.

Don't be over-alarmed with the chill which appears before delivery; it is usually indicative of a slowly dilating os and can be met with gelsemium.

Don't give baby a dry powder. Have it—the powder—thoroughly moistened—as the powder adhering to the fauces may produce vomiting.

Don't forget that the reaction is the long-lasting action, and that notwithstanding the crowd follows the band at first, ultimately it will recognize its error.

Don't overlook the fact that in suspected pregnancy where there is continued nausea, intense colic in one or the other ovarian region, and the passing of membrane, you probably have a tubal pregnancy.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

(Continued from page 372.)

Left chest—*Calcarea carb.*, *Calcarea phos.*, *Carbo veg.*, *Chelidonium*, *Cantharis*, *Crocus sat.*, *Dulcamara*, *Hypericum*, *Kreosote*, *Lachesis*, *Lobelia*, *Natrum mur.*, *Natrum sulph.*, *Phosphorus*, *Oleander*, *Platina*, *Rhododendron*, *Rumex*, *Zincum*.

—— later in right—*Kreosotum*.

—— mostly left—*Lobelia*.

—— gradual increase and gradual decrease in intensity—*Platina*.

—— with every heart-beat—*Zincum*.

Left lung—*Ailantus*, *Alumina*, *Ammonium carb.*, *Apis*, *Arnica*, *Arsenicum*, *Asarum*, *Baptisia*, *Berberis*, *Bromium*, *Bryonia*, *Lycopodium*, *Oxalic acid*.

—— burning in right—*Ailantus*.

Left side of chest—*Lilium tig.*, *Natrum sulph.*, *Sepia*, *Stannum*.

Lower part of left breast—*Sanguinaria can.*

Lower left chest—*Hypericum*.

On ribs—*Jacea*.

In region of third rib—*Illicium*.

About the third rib, right side, midway between sternum and side—*Benzoic acid*.

About fourth rib—*Calcarea phos.*

About fifth rib—*Calcarea phos.* (right side, later on left).

About sixth rib, left side—*Benzoic acid*.

Sixth or seventh rib—*Ustilago*.

Opposite tenth rib—*Psorinum*.

Lower ribs, right side—*Chelidonium*.

In the region of the last ribs—*Asarum*.

Last left short rib—*Mephitis*.

In the sternum—*Arsenicum*, *Bryonia*, *Conium*, *Jacea*, *Kali carb.*, *Kali bichromicum*, *Manganum acet.*

Middle of sternum—*Cantharis*, *Kali bich.*, *Phytolacca*.

—— and axilla—*Cantharis*.

Near the middle of the sternum—*Apis*.

About one or two inches from the sternum—*Illicium*.

Behind the sternum—*Eupatorium per.*

Under sternum—*Cantharis*, *Sedum*, *Psorinum*, *Silica*.

To left of sternum—*Caladium*.

Midway between sternum and right nipple—*Sanguinaria can.*

Lower end of sternum—*Nitric acid*.

Middle of the chest—*Chamomilla*, *Graphites*, *Oxalic acid*.

Præcordial region—*Anacardium*.

In the region of the heart—*Colchicum*, *Magnesia carb.*, *Zingiber*.

Heart—*Eupatorium per.*, *Zincum*.

At heart—*Muriatic acid*.

Above the heart—*Kalmia*.



Just over the heart—Kreosote.  
 About the heart—Sulphuric acid.  
 Near heart—Rumex.  
 About apex of heart—Cyclamen.  
 Whole breast—Mercurius jode ruber.  
 Middle of left breast—Cepa.  
 Under right breast—Mercurius jode ruber.  
 About right nipple—Conium.  
 Below right nipple—Bryonia.  
 Through right nipple—Eupatorium per.  
 Left nipple—Ferrum.  
 In region of nipple—Borax.  
 Both nipples—Cannabis ind.  
 In left infra-mammary region—Bryonia.  
 In region of the diaphragm—Berberis.  
 Abdomen—Natrum sulph.  
 Behind stomach—Rumex.  
 Right arm—Secale.  
 Right shoulder—Eupatorium per., Sanguinaria can.  
 Between the shoulders—Belladonna, Kali bich.  
 Between the scapulæ—Natrum carb., Phosphorus.  
 ——— Coldness—Natrum carb.  
 ——— Cramps—Phosphorus.  
 Scapula—Sepia, Natrum mur.  
 Scapular region—Cactus.  
 Under scapula—Kreosotum.  
 Under the scapula, both sides—Gelsemium.  
 Left scapula—Lilium tig., Sulphur.  
 Right scapula—Mercurius.  
 Beneath left shoulder—Theridion.  
 Shoulder-blades—Kalmia.  
 Under left shoulder-blade—Millefolium.  
 In left side and right shoulder—Eupatorium per.  
 Armpit—Sulphuric acid.  
 Axilla—Belladonna, Cantharis, Cinchona.  
 Near left axilla—Rumex.  
 Left axilla—Lilium tig.  
 Right axillary gland—Belladonna, Bryonia.  
 Below the arms—Causticum.  
 Clavicle—Sedum.  
 In and around clavicle—Berberis.  
 Under clavicle—Ailantus, Pulsatilla.  
 Below clavicle—Ferrum.  
 Back—Capsicum, Kali bich., Kali carb., Mercurius, Mezereum, Rhododendron, Silica.  
 In posterior part of chest—Colchicum.  
 Throat—Theridion.  
 Larynx—Spongia.  
 Lungs—Phytolacca.  
 Intercostal muscles—Jacea.  
 Above the hip—Oxalic acid.  
 Right leg—Secale.  
 Deep in—Kali jode.

THE  
AMERICAN HOMŒOPATHIST.

VOL. XVI. NEW YORK, DECEMBER 1, 1890. No. 12.

FRANK KRAFT, M.D., EDITOR.

UNDER the advice of others altogether disinterested, we enter into a few paragraphs concerning the founding of the Cleveland Medical College in Cleveland. We do so succinctly, and as impartially as it is the policy of this journal to be with any topic, and absolutely in the interests of Homœopathy—and only as it concerns the welfare of Homœopathy. The old Homœopathic Hospital College of Cleveland is so well and favorably known, that its bare mention recalls the troops of students and practitioners who have passed its portals to do battle with mankind's most inveterate enemy in all parts of our land and abroad. Its credit has stood untarnished. While, as in all bodies of men of a common profession, and notably that of Medicine, there was always an undercurrent of jealousy and selfishness, still the surface gave but rare indication of the treacherous quicksands beneath. What then, caused the precipitate secession this year of a large part of its old-time and time-honored faculty, and the formation of a new College?

\* \* \*

IN what respect has the cause of Homœopathy profited by the dismemberment and attempted destruction (happily frustrated) of one, and the founding of another College? In what spirit were these acts done? What was the motive underlying it all? Was it because the old College was not longer, by reason of age or infirmity, able to cope with the increasing numbers of its classes? Was it because the seceders were not permitted to teach in their respective chairs the best that was to be had elsewhere in corresponding chairs? Was it because of some flagrant act of injustice of the majority to the one or the few? Are not these pertinent queries; and, in truth, the only ones which should govern in taking the initiative in the tacit wrecking of an old Homœopathic landmark, and the upbuilding of a new scion for Homœopathic honors?

\* \* \*

WHAT is the answer of the seceders? Why, that because of an arbitrary ruling on the part of *their* Board of Trustees they suddenly chose to draw out of the College. What was this unwarrantable and flagitious act complained of? Why, look you, the appointment of additional professors, with new topics assigned, and the adding of assistants to old chairs; in short, bringing the old flagship back into Homœopathic waters, and abreast of all that is good and bright and progressive in any or all schools. But, mark you again the seceders

have no particle of objection to the improvement of the curriculum of the old College, but it grieves them sorely that the Board of Trustees, transcending their authority, took away a time-honored privilege of the Faculty, and did this unseemly thing. Perhaps this is not pleading the "baby act." Let us see.

\* \* \*

**P**AUSE a moment while we reason together. How else could this have been done? For years, and times so many that the memory of the average Homœopath runneth not to the contrary, the majority of the Faculty, as was natural, right, and proper, controlled the destinies and policy of the College. They were self-satisfied with the apparent success of their several work; the self-same barrel of sermons was annually turned t'other end to, and the toothsome series re-read from alpha to omega. When, therefore, the question of improvement in the chairs was brought up in the Faculty meetings, and out, it was, of course, an uncomplimentary reflection and an uncomfortable slap at the incumbents, and they stood up and fought bravely for their chairs and all their ancient privileges and muniments. "There is no need of that chair; my chair includes that." So long ago as '82 an informal meeting of the Faculty was held, with this advancement of medical education as the topic,—a meeting, by the by, now carefully forgotten or denied,—and from that time on, at frequent intervals, it was on the tapis, and gave rise to much unpleasantness. When, then, at last, the Board of Trustees, wearying of the constant aggressiveness on the one hand asking for better teaching and *more* Homœopathy, and, on the other hand, the uniform negative of the majority of the Faculty, together with the many bitter complaints from alumni and preceptors because of insufficient or indifferent education—when the Board finally gave way under the stress, and did that for Homœopathy which everybody but the majority of the Faculty demanded, then the action was "uncalled for," was "high-handed," was a "surprise," was the deep-laid scheme of one intriguing juror for ousting the other eleven.

\* \* \*

**A**ND they wouldn't stand it. So they burned their ships behind them, and vowed a great vow that no one of them would return unless all returned. Granting, for the nonce, that the Board acted hastily or extra-judicially, how could their action—the manifest improvement of the medical educational facilities—injure any individual member or any six or dozen of the Faculty? The absurdity of their position becoming apparent the more they thought of it, the legality of the Board's action being undoubted, they were fain to admit, and so say, that that was not the cause of the disruption. What, then, in the name of Peace and Harmony, was the cause? Why, the influence of one man in the Faculty, who had been repeatedly charged with misdemeanors by the subsequent seceders and others, and on trial triumphantly acquitted and without a blemish,—the influence of this one man was so great that it was no longer bearable; attempts had been made repeatedly to oust him, not only from the College and Hospital, but as well from a lucrative practice; this was the height of an animosity, born in a personal hostility engendered through unfortunate business transactions. Why, the influence of this man was so great,

say they in effect, that whereas on day before yesterday according to all almanacs it should have snowed, he interposed his pernicious influence and caused it to rain.

\* \*

SINGLE-HANDED and alone this party, possessed of the pernicious persuasiveness, was able to wind every member of the Board of Trustees—examine the list as published, mark who they are, and fancy how easily manipulated these concretions of sterling worth and ability would be—around his little finger, and cause them to do that very thing of all others which every right-thinking Homœopath, the world over, demanded : an increase in the educational advantages with additional teachers for the Old College, and an undoubted betterment in every respect. And because of this frightfully arbitrary use of power and the hypnotic influence of the One, the six good men and true throw down their cards and draw out of the game. Examine the case as you like, from any angle, in any light, under any circumstances, and the result will be the same.

\* \*

THIS is why they seceded. Though of doubtful propriety, they had an unquestioned right thus to do. But why a new College? Why could they not have appealed to the country, through the medical journals,—not through the sensation-mongering daily press at so much per "stick,"—for justice ; for vindication of their cause before a jury of their peers? Why not have let the College alone, to drift to its inevitable doom, a desolate and deserted wreck? That evidently was not their design from the first, it was not a quiet withdrawal in disgust at being outgeneraled and outvoted ; it was an aggressive move for the purpose first of scuttling then of wrecking the Old Ship. The pity of it ! The South withdrew from the Union and began a new government. Horace Greeley said, "Let the erring sisters go in peace." What said the Union? How has Homœopathy gained by this secession and defection? It has gained nothing. It has lost prestige and power throughout the State, where the influence of the quarrel has been projected for the purpose of alienating the alumni and others. It has rent the school in twain as no possible reconciliation can ever again restore. The methods adopted for procuring a large class ; the lulling of the Old College into a sense of security, pending a number of pretended compromise and peace measures ; these are matters of unpleasant current history. They have no place here.

\* \*

TO resume : Why has the Cleveland Medical College ignored the word Homœopathy in its corporate title? Does not this justify the accusation of the Old College, that the tendency of the Seceding Six was toward the *New York Medical Times's* ideal—a College of Medicine, with a tentative postscript labeled "Homœopathy." This supposition is further enhanced by the fact that Dr. Samuel A. Jones, of Ann Arbor, a known non-homœopath ; a known contributor to and upholder of the *New York Medical Times* and its Homœopathy (?) ; a known and embittered antagonist of the foremost materia medica man in our ranks to-day—Timothy Field Allen ; and of every other Homœo-

path in the land—this thrice illustrious exponent of honest Homœopathy (?) is called in to read a few lectures on *materia medica*, and which, the said, his coming, is advertised in the daily press. This supposition is yet more painfully accentuated by the following from the current number of the *New York Medical Times* :

It is announced that the *materia medica* as given in the United States Dispensatory will be taught, as well as the art of applying drugs in accordance with the theories of Hahnemann !

We do not hesitate to say that this plan meets our views exactly, as it is what we have been advocating for years !

It is a source of gratification to the *Times* to observe that the seed which it has been casting broadcast these many years has taken root, and that we are to have medical union at least so far as the teaching of this college is concerned.

The [Cleveland Medical] college has our best wishes, and will have such support as we can give it, and we urge our friends everywhere to use all possible influence to make the school a success !

Could circumstantial evidence for condemnation be made stronger ?

\*  
\* \*

**I**F the teaching in the Old Faculty, as a unit, was satisfactory to every one within or without its pale : if the alumni and preceptors were satisfied with the repeated, unusual but necessitated absenteeism on the part of some of the teachers, and the delegating of the College and Hospital work to unclean assistants and deputies : why, then, in the new College, go through the pretense of improving the Chairs of the Seceding Six, and adding so many other chairs that every available able-bodied medical man in Ohio and adjacent States is become a Captain or a General—no privates being left in the ranks ? Homœopathy—mark *that* word, please, has gained nothing by the new College. The continued existence of the College is a menace to true homœopathic teaching everywhere, since the *New York Medical Times* coddles and recommends it, and solicits patrons for its god-child ; it is, also, a precedent whereby any half-dozen disgruntled individuals may elect to withdraw in a body from any, the oldest and most praiseworthy Homœopathic institution, East or West, North or South, with a grievance or without, and complete the organization of a new college, on the same street, on the same side of the street, on the same block, with the avowed and openly expressed purpose of despoiling and wrecking the alma mater. It requires no colored diagram to show that the College chain is no stronger than its weakest link.

#### THE OPEN COURT.

—A number of curious cases of the progress of musket-balls from the place where they are first lodged have been observed by military surgeons. We have heard of a remarkable case where the musket-ball struck the forehead above the nose, and having divided into two halves, one half went round beneath the skin on the right side, and the other on the left, advancing in contact with the skull. We do not ask our readers to believe the poetical edition of this fact, that the two half-bullets met again behind, after having performed the circuit of the

head in opposite directions, and advancing with a slightly diminished force, united and killed an unfortunate man who stood in their way ; but the fact of the splitting of the bullet, and the advance of each half in opposite directions is unquestionable. The singular progress of a musket-bullet from the forehead to the throat has been recorded by Dr. Fielding. At the first battle of Newbury, 1643, in the time of the Cromwellian civil war, a medical gentleman was shot near the right eye. The skull was fractured at the place ; but though the surgeon could see the pulsation of the brain beneath the wound, yet the bullet had turned on one side and could not be discovered. Various bones were discharged from the wound, the mouth, and the nostrils. At the time of the second battle of Newbury the wound healed and could not be kept open ; but about twelve years afterward, when the doctor was riding in a cold dark night, he felt a pain about the " almonds of the ear," which occasioned a partial deafness. Having stopped his ear with wool, he was surprised one day in March, 1670, by a sudden pull or crack in his ear, when all that side of his cheek hung loose as if it had been paralytic, and a hard knot was felt under the ear. Various tumors now appeared about the throat, and in August, 1672, the bullet was taken out of the throat, near the *pomum Adami*.

—Dr. Gatchell's mind-reading experiments present a popular editor and medical teacher in a new and pleasing light. We have read after him in his explanation of the trick practised upon a credulous public, and admire the readiness and adroitness with which he unmasked the charlatan.

## KOCH'S DISCOVERY.

By AN OBSERVER.

I HAVE been asked, What do you think of Koch's discovery ?

Well, what do I think ? This : That in so far as it cures, or even arrests, pulmonary tuberculosis, it only does so because it is capable of producing analogous symptoms.

There is but one God, blessed for ever ! One law of gravitation,—and so far as I have ever been able to discover, or have knowledge of,—but one law of cure, created by Him who made that law, discovered by Newton. What a distressing world this would be were there no Law. Or, only *partial* law, everything, or partials, happening by chance. Because one does not fully know the law, or knowing, does not follow, is no proof that there is no law.

I most profoundly thank God that there is no such thing as chance ! I wont qualify it one iota !

Prof. Koch says that the " twenty-five hundredth of a cubic centimeter intensely affected a healthy, full-grown man, who was experimented

upon." Why? O! there are "lots" of reasons; but none can break down God's law.

He—Koch—injected into his own body twenty-five hundredths of a cubic centimeter of his—may I say, *tuberculous fluid*. Three or four hours after the injection was made "he experienced a contraction of the limbs and a *marked feeling of lassitude*."

Why? There is a reason for all things.

"At the same time he felt a *desire to cough*, together with *difficulty of breathing*. *These symptoms increased rapidly*, and in the fifth hour he experienced an unusually violent rigor." The shivering was accompanied with nausea and vomiting, showing irritation of the great sympathetic.

"The temperature of his body rose." After "twelve hours the temperature abated." The feeling of lassitude continued for some days.

"The *temperature rises*. *Pain in the limbs noticeable*. The patient *coughs*, experiences much irritation, and *great exhaustion*. In some cases there is noticed a slight *icteric*—jaundice-like—*coloring* or *exanthema*, *resembling measles*, on chest or neck."

The above symptoms last fully twelve hours from only one injection. Now let us be honest, can you find any of the above symptoms in pulmonary tuberculosis?

What would *two* injections do, say, twelve hours apart?

Lupus: a malignant disease of the face, consisting of ragged *tubercular excrescences*, and spreading ulceration about the lips and nose.

Effect of injection on patients suffering from *visible* tuberculosis, "show specifically anti-tuberculous action. Lupus sores begin to *swell* and *redden*. The *fever* and *swelling increase*, until finally the lupus tissue assumes in places a *dark brown tint* and a *necrotic condition*. The fever and swelling abate, the lupus centers become covered with an incrustation of exuded serum, which fall off after two or three weeks," and the lupus is a thing of the past.

To me it seems desirable, that Chance should require a man—a German, too—to go about to prove God's curative law, when he does not for one moment admit that there is such a law, if not in very truth would reject with proud disdain a supposition in which such an imagination could exist.

Dr. Koch declares that his "fluid" does not kill tuberculous bacilli, but tuberculous tissue; that is to say, it,—the "fluid"—has no effect on the cause of the disease as claimed by our allopathic brethren, but "kills tuberculous tissue." Of course, it is easy to understand, that when the grass is all burnt up in the pasture, the cattle will die. Good reasoning in the absence of any law.

The number of bacilli decrease when the expectorations begins to assume a mucous appearance. At same time, the night sweats begin to

abate, the patient looks better and increases in weight, and finally gets well in from four to six weeks ; but it's all by chance and just because no law has been even dreamed of or followed. *It has all the same!* that is, been followed, if not discovered and admitted.

Again we repeat, *There is a law of cure.* There is a Supreme Ruler, who has established all law! Neither Dr. Koch, nor any other man, can cure diseased condition, except through that law.

---

### ROBERT HALL, M.D.

By GEO. B. PECK, M.D.

FROM the first introduction of homœopathy into Rhode Island the cause has never been without notable representatives, the centers of large and influential coteries. Of such were Abraham H. Okie, brilliant and erratic, who sold his high estate for a mess of pottage ; Ira Barrows, upright and courtly, a true Hahnemannian ; Wm. von Gottschalck, polished and genial, society's favorite ; George D. Wilcox, diligent and indefatigable, the peer, not to say superior, of any habitant of that commonwealth in pathology and diagnostics. Among them all, however, none attained a more complete success or has exemplified more perfectly the highest ideal of a general practitioner—the family physician—than the subject of this sketch. Of him a gentleman who possesses not only peculiar facilities for judging but also an extended knowledge of physicians of all sorts on both sides of the Atlantic, recently affirmed that he never saw or heard of a physician who began to possess the confidence of his patrons that Robert Hall had secured ; it is absolute and unreserved. A moment then spent in the consideration of his career cannot be wasted.

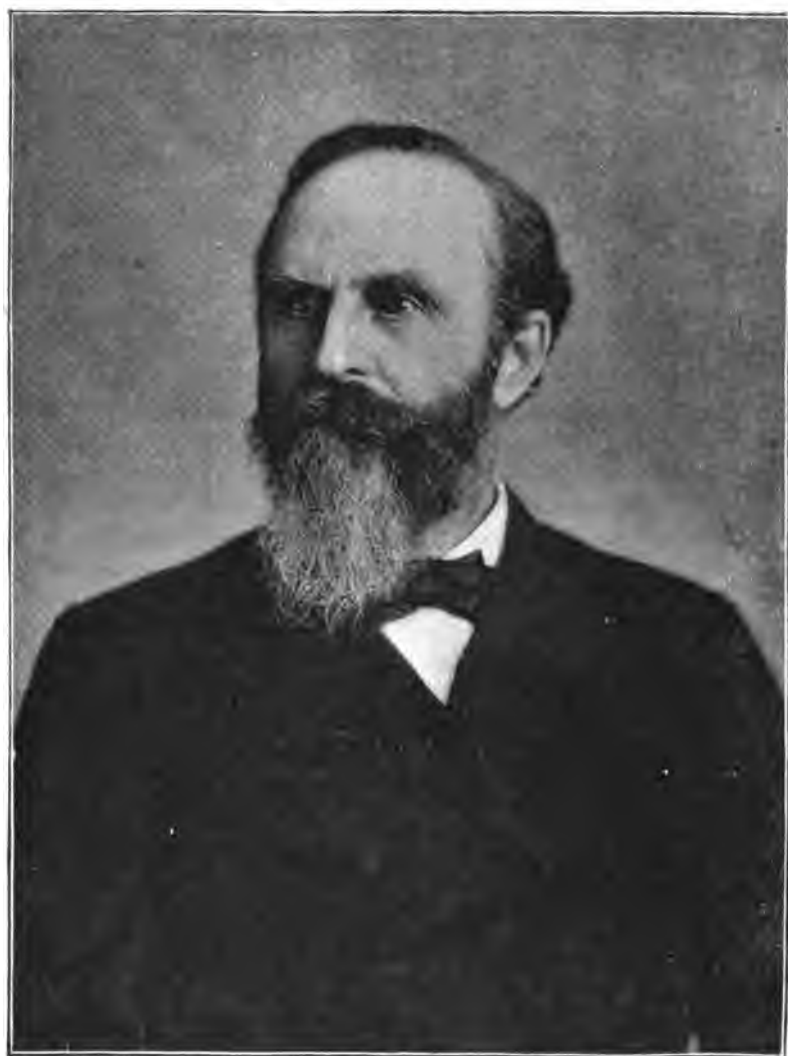
Dr. Hall was born May 18, 1830, at Hopkins' Mills, at the foot of and on the north side of Nooseneck Hill, in the town of West Greenwich, R. I., of Robert and Zilpha Weaver Hall. His father was a farmer, cultivating not only the estate of 150 acres on which he resided, but another of 75 acres a mile up the road, while for a number of years he had control of a third containing 200 acres. When but twelve years old he would rise each morning, sufficiently early to go up to the small farm, attend to a dozen head of cattle, and return before breakfast, then do the chores about house, take care of a horse, and get to school a mile away punctually at nine o'clock. It was in this little district schoolhouse he received the best lessons of his life from such men as Elisha L. Baggs, Charles Nicholas,—afterwards a graduate in medicine—and Jonathan Matteson. The last two boarded at Hall's home and rendered him valuable assistance in the prosecution of his studies outside school hours. Here he obtained most of a highly creditable



knowledge of Latin and Greek as well as of the natural sciences. The father spent most of his time at the grist mill which he ran in conjunction with his pastoral responsibilities. The boy's summers were devoted exclusively, of course, to farm work, the remaining seasons affording ample opportunities for study.

Robert lost his mother when sixteen years of age. When eighteen he spent his first winter away from home at the old Worcester Academy, which was located opposite the Oread Institute (for girls), but now designated by the simple title of the former school. The grounds occupied by it were long since covered with dwellings. The next winter he taught school in West Greenwich, completing his non-professional education at the East Greenwich Seminary the summer he was twenty. The succeeding winter he taught at Pawtuxet, a picturesque suburb of Providence, lying at the head of Narragansett Bay proper. When of full age he commenced the study of medicine with Dr. Wilcox, already referred to, now of Providence, but then at Weaver's Hill in West Greenwich. With him he remained three years, supporting himself meanwhile by teaching school summer and winter at Hope Village. In the fall of 1854 he went to the College of Physicians and Surgeons in New York City, where he graduated in March, 1856, with a debt of \$1600 resting upon him. The intervening summer he read with Prof. Thayer of Woodstock, Vt., who held the chair of Theory and Practice in a medical college there located but well-nigh extinct. Twice since graduation has he taken time to revise his professional knowledge. In 1861 he took a five months post-graduate course at Bellevue Hospital, enrolling himself in one of Austin Flint's private classes; while in the fall of 1874 he commenced an equal period of hard work at Vienna, in company with Drs. Wilcox, I. W. Sawin, and Wm. Caldwell. He had previously familiarized himself with the language.

Dr. Hall's first settlement was at Waverly, R. I. where he was engaged by a Dr. Wilber to work for a year. This man was at the time in transition from the old school to the new, and accordingly here it was young Hall made his first trial of homœopathy, though he had previously heard and seen something of it at the hands of his preceptor. Ere the contract had expired, Dr. Wm. Hubbard of Crompton died, affording a fine opportunity for the right man. Dr. Wilber kindly waved the fulfillment of the specified time and permitted his assistant at once to look the ground over, which he did, and decided upon Centerville, a neighboring village, as the most promising site in that region. Here he opened an office in April, 1857, which was not closed for fourteen years. Through the influence of Wilcox, whom he met frequently, and of Okie, whom he saw occasionally, he soon became a pronounced homœopathist, and never since has wavered in his loyalty



*Robert Hall*

to the cause. On July 21, 1871, he removed to Providence, entering into partnership with the late Avery B. Foster on High Street, next door but one below Dean. In January, 1883, he bought a fine mansion on Cranston Street, corner of Pearl, where he still pursues his profession untrammelled by any fetter amid the comforts and conveniences of home.

Non-professional reputation being at once the occasion and the result of worthlessness as a practitioner, it is not strange that Dr. Hall's public record is brief. He participated in the reorganization of the Rhode Island Homœopathic Society in 1873, and was chosen vice-president in 1881 and 1882, succeeding to the president's chair in 1883 and 1884. At the opening of the Homœopathic Hospital he was appointed a visiting physician. He has been a member of the American Institute of Homœopathy since 1874. He served as surgeon of the United Train of Artillery, a battalion whose organization antedates the Revolutionary War, in 1875 and 1875, when he resigned. When, in January, 1863, the legislature passed a law compelling every able-bodied man between eighteen and forty-five to drill, he was assigned to the Warwick company, by which he was at once chosen Captain. Although the doctor had scarcely seen a military maneuver of any description, he at once assumed the responsibilities of the position, hired a veteran officer who chanced to be in the neighborhood to drill his company two or three times and give him extended instruction in tactics, proving himself such an apt scholar, and so evidently born to command, that when the line officers assembled to select their field officers, he was unanimously made Lieutenant-Colonel. This required additional study, but time and money were alike freely given. The law was repealed in two years, so his unsought honors proved somewhat ephemeral, though they demonstrated that equal success would have attended him in other walks of life than that so long pursued.

But what is that success? One element thereof has already been alluded to. Another, which is quite as highly esteemed in certain quarters, is the pecuniary. One evening when at a medical meeting at the Hub, a well-known gynæcologist came in late, but excused himself on the ground that he was well-nigh exhausted, for he had been usually busy, having charged during the month just ended nearly \$1200. Surprised by such a remark from that source, he thoughtlessly remarked, "Why, that is nothing; I do as much as that every month." "What!" exclaimed those sitting around. Recalled to himself by the blank astonishment depicted on their countenances, he changed the subject as promptly as possible. But it was no spirit of boasting that prompted that exclamation. He had always taken it for granted that his experience was but commonplace, and was simply amazed at the facts the statement of the Boston gentleman revealed. I chanced to get a squint

at the doctor's visiting list some two or three years ago, and so happen to know the above estimate of his work is very moderate. But best of all, his percentage of loss in his collections is exceedingly small, as I have been informed by reliable extraneous authority.

In the fall of 1882 an epidemic of typhoid fever visited Providence. It began early in the season and continued until late in the spring. Dr. Hall had sixty-five cases of his own, every one of which terminated favorably. Do I believe that assertion? Certainly, and for the following reason, among others : Up to that time I had treated less than a half-dozen cases. Late in the winter a greater number came to hand almost simultaneously. One died in thirty-six hours after I first saw her. Another was in a critical condition. Counsel was desired, and I was asked to name the consultant. By chance, I never really knew how it came about, Dr. Hall was selected. I was so impressed with his remarks at the bedside that I thought I would like a little more of that sort of instruction. I therefore told him that I would like to have him see another patient. He acquiesced, and after leaving that bedside I proposed he should visit all my patients for a designated sum. He kindly consented, though very busy, and never did I pay out any money for which I received so rich a return, for he is one of the few physicians that are at once a good prescriber and a good diagnostician. I did not lose another patient in that epidemic, and though I have since occasionally lost one, his example, with that of other Institute members, living and dead, combined with my own experience, has convinced me that no homœopathist has any business to lose a patient from typhoid fever ; but that in such an event he should consider himself the cause of death (his ignorance, his negligence, or his stupidity), unless he be able to demonstrate the contrary to three disinterested professional brethren. This statement is made with a full understanding of all it implies, and after reading from a letter from Europe in an allopathic sample copy received since this sketch was half completed, that a mortality of twenty-seven per cent. in this disease is "remarkably low." The doctor's fame for the treatment of fevers, and for pulmonary troubles almost as well, is simply marvelous. It may be added, he strengthens homœopathy by his deeds ; his writings have been few.

The causes of his professional success are manifold. A strong physique, derived from the farm ; perfect self-reliance, to be credited to the difficulties he was obliged to surmount in order to get anywhere ; thorough clinical training, as already indicated ; readiness to take almost anything that comes along, though distinctly disclaiming any pretensions to being a surgeon (he draws the line roughly at the great cavities of the body, never entering them, though performing the ordinary operations of gynecology, besides amputating as high as the thigh,

reducing dislocations and setting fractures, being particularly successful with injuries to the femur, etc.); gentlemanly carriage, devoid of mannerisms; a tone and an expression which invite the confidence of youth and age, of man and woman; unremitting attention to his profession, untiring study of its literature. His portrait, prepared from a moderately recent photograph, will reveal others.

One item of the utmost concern to him had well-nigh escaped mention. On August 20, 1861, he wedded Susan Wood Randall, daughter of Stephen and Adaline Randall, of Warwick. Their union has been most happy. Mrs. Hall was for a long time one of the most efficient officers of the Ladies' Aid Association of the Homœopathic Hospital. No children have been vouchsafed them.

---

NOTE.—In the sketch of Dr. Budlong, which appeared in the January number, two corrections must be made. From the blur of the typewriter, the compositor read June 1, 1886, for June 7, 1866. In the allusion to the battle of Pleasant Hill, for Major Bailey, read Major Davis. He is the man who has recently been appointed Director-General of the World's Fair, at Chicago.

PROVIDENCE, R. I.

---

## BICHLORIDE OF MERCURY IN THE TREATMENT OF DIPHTHERIA.

By E. G. RUST, M.D.

AT a recent meeting of the Round Table Club, during the discussion of the treatment of diphtheria, a request was made that the writer made known his experience in treating diphtheria with bichloride of mercury. Seven cases were treated. Five of these were of the most malignant character; the roof of the mouth, the soft palate, tonsils, nostrils, and in two cases the larynx were covered with membrane. The bichloride of mercury treatment used was after the method of Alexander J. C. Skene, M.D., of Brooklyn, N. Y. It is as follows:

R. Hydrarg. Bichloride..... gr. j  
 Vinum Pepsinæ } aa..... ʒ ij  
 Aqua dest. }

M. Sig. A teaspoonful every one, two or three hours, according to the age of the patient and severity of the case. As the membrane disappears the dose is decreased and the time lengthened.

As a gargle sulpho-calcine was employed. This is by far the most efficient gargle for diphtheria. It acts as a solvent, dissolving the membrane in from twenty-four to seventy-two hours. I could not be induced to treat a malignant case of diphtheria without the help of this valuable preparation. In addition to the internal medication, and the frequent use of the gargle, the patients were well nourished with milk, milk-punch, and egg nog; whisky was freely used as a stimulant. In

other respects than as a stimulant, whisky is one of our greatest aids in combating this malady. It seems to be as antagonistic, though in a less degree, to the poison of diphtheria as it is to the poison of the rattle-snake.

The whisky should be given clear in quantities of a teaspoonful to a tablespoonful every one or two hours, according to the age of the patient and the severity of the case.

Large quantities of whisky can be taken by a patient suffering with diphtheria without producing the slightest intoxicating effects. In these no external applications were used. The patients all made good recoveries and soon regained their usual health. I am fully satisfied that three of these patients would have been lost if treated by the usual methods.

It is not to be expected that by any possible treatment all cases can be saved, but from reports of others, and my personal experience, I believe that by the mercury treatment the death rate of diphtheria will be materially lessened.

WELLINGTON, O.

---

## THE TREATMENT OF INTERMITTENT FEVER.

By J. D. GRAYBILL, M.D.

I SEE in the June number of your valuable journal, a very elaborate excuse for Southern physicians using large doses of quinine in the treatment of intermittent fever. Now I think that I am practicing medicine in the South, if Shreveport may be called a city of the South, and Louisiana a Southern State, for Shreveport is located in the Red River Valley of said State.

I was told when I came here (just as I was told by nearly all the homœopathic physicians I met when I located in the malarial district of Union City, Ind.), that I would have to use large doses of quinine if I wanted to cure intermittent fever in that section. I remained there eight years, cured upwards of two hundred and fifty cases, and in doing this I used less than one fourth of an ounce of quinine.

I have been in the South nearly five years. Since I have been here, I have been called to treat about everything that a physician is usually called to treat, except cholera and yellow fever, and my experience so far has been this : diseases as a whole are not nearly so hard to control in the South as they are in the North.

Since I have been here I have treated and cured upwards of fifty cases of intermittent fever, using less than fifty grains of quinine. I do not object to a physician using quinine, but I do claim that large doses of any kind of medicines are not needed.

The doctor says that malaria is a poison, and must be antidoted, and that quinine is that antidote.

The means by which intermittent fever is produced is about as poisonous as anything else that is capable of making a chemical change in the normal condition of the circulating fluids of the system, and it takes no more medicine to neutralize this condition in intermittent fever, than it does in cholera, scarlet fever, diphtheria, measles, or any other so-called disease.

Again, he says, "Persons afflicted with any disease in the Southern States during the malarial season, and sometimes during the non-malarial season, will present malarial symptoms, which would never have been presented had the patient not been afflicted by some other disease. In such cases discretion must be used, and a homœopathic remedy must be selected for this complication." Now it looks to me that if the homœopathic remedy (as he calls it now) is capable of removing a complicated disease, it certainly ought to be capable of removing an uncomplicated disease.

In this same sentence he admits that a person *can* live in what he calls a malarial district, and but for other conditions being present malaria would not show itself. Queer logic.

Again, if quinine is not homœopathic to certain forms of (his so-called) malarial poison, but simply an antidote, pray tell us upon what ground the fundamental principles of homœopathy rest.

What is this great bugbear malaria? There are two forms. The one makes its appearance in a great many cases physicians are treating with very poor results, and the anxious friends begin to ask the question, "Doctor what is the matter with so and so?" Answer. "Why his system is simply loaded down with malarial poison." There is another answer to this question sometimes (which was): "Why, he is very bilious."

The other form is simply a chemical change in the normal constituents of the circulating fluids of the system (and this holds good in all conditions called disease, of which I will say more in the future), said conditions being brought about in the following manner:

Take, for instance, the Red River Valley, on either side of which is a flat alluvial soil, capable of retaining a great amount of moisture. The temperature of this district during the daytime will run from 85 to 100 degrees, while the dampness in the soil will run this temperature down during the night to 55 or 60 degrees; persons living in this district go to bed in the evening with a temperature of say 80, too warm for covering, wake up in the early morning cold and chilly, in a temperature of 55. Here we have a change of twenty-five degrees; keep this up for ten days or two weeks, and if you don't have a genuine and well-developed case of "malarial poison" to treat, then your experience will be quite

different from mine. I have watched this very closely since 1878, when Prof. Owens of Cincinnati first made the assertion that intermittent fever was produced in this way, and so far my observations have all been confirmed.

Neither does it make any difference whether these conditions are present at a sea level, or three thousand feet above sea level,—you will have your intermittent fever all the same.

You say, how then do you account for this “malarial germ” being present in the blood and urine of intermittent fever patients. This germ, or malarial poison, call it what you will, always being present in a location like the above described, would indicate that it takes just such a climate to produce them. Now produce this great change on the surface of the human system, for ten days, or two weeks, and is it not reasonable to conclude that you have produced a chemical change in the elements within the system, making it similar to the circulating medium without? (normal in itself yet abnormal to the system) an element in which this malarial poison, in other words these scavengers, can live and multiply; and you can see at a glance they are not the cause of the disease, but the product. And has the doctor not told you that a person may live in such a district and this poison never show itself, until said person is afflicted with some other disease? Does this not show you that this other disease is responsible for this chemical change producing an element in which these scavengers can multiply? If not, please inform me upon what principles the law of homœopathy can be demonstrated.

Go carry the news to Mayrie Ann, and let it be known to all men, again I say, diseases in the South are not nearly so hard to control as they are in the North, neither are you called to use quinine any oftener than any other remedy, nor in any larger doses.

SHREVEPORT, LA.

---

### DIABETES MELLITUS.

Translated from the French of Dr. Lancereaux, Paris.\*

By S. LILIENTHAL, M.D.

SUGAR in the urine is only a symptom which we observe in many different diseases, and we not know yet fully the pathogenic conditions which give rise to it; still, we can already differentiate three types: Diabetes from lesions of the nervous system, or traumatic diabetes; diabetes with loss of flesh, or pancreatic; fat diabetes, or herpetic.

• The diabetes of Claude Bernard depends on a lesion of the fourth ventricle, either direct and recognizable by a traumatism in the cervical region, a tumor of the bulb, of the first cervical vertebra, of

---

\* *Bulletin mdd*, 40, 1890.



the meninges or at the base of the skull ; or it may be indirect and secondary, provoked by a fall or by a traumatism in a distant part of the body, causing a commotion in the nervous centers. It may be persistent or transitory, according to the cause which produced it, and has this characteristic, that the sugar disappears as soon as fever sets in.

Our second type is the diabetes pancreaticus, a grave disease, setting in suddenly in the midst of perfect health, with a rapid and fatal course. Intense glycosuria and polyuria, rapid emaciation, great decrease of the intellectual forces and loss of sexual power, many disorders of nutrition, as decay of teeth and alopecia, and nearly always death ends the scene. It may last a few months or a few years ; but tuberculosis pulmonum or coma diabeticum carries them off, and the destruction of the pancreas must be blamed for it. The lesion of this gland is mostly due to lithiasis in the pancreas ; showing itself during life by epigastric, colicky pains. In several autopsies calculi were found which obstructed completely the excretory ducts. The glandular parenchyma becomes atrophied and the connective tissue proliferates, and we meet then only a fibrous cord, where the calculus perhaps was thrown into the duodenum. In other cases an epithelial tumor closed the canal of Wirsung or the ductus choledochus ; or a cancer of the liver or intestines caused the atrophy.

Our third group is the most frequent one and allows a better prognosis ; this is the fatty or herpetic diabetes, attaching itself to a general constitutional state, which we might call herpetism. We often meet here hereditary antecedentia, rheumatism and arthritis nodosa, alopecia long before the patient complains of his polyuria and of loss of sexual power. Polyphagia and still loss of flesh. This diabetes commonly sets in at the age of twenty-five or thirty, when the patient really looks remarkably well, though he complains of migraines, of neuralgia, of hæmorrhoids, of acne in the face, of varices or atheromatous conditions,—in fact, any organ may show more or less disorder, especially the heart, kidneys or brain, and it is therefore of the utmost importance that in all suspicious cases of glycosuria a thorough examination of the patient is imperative. It is a curious fact that at the beginning of this constitutional diabetes the patient gains fat and looks well, and the glycosuria often does not show itself till the patient is thirty years old or over, and its existence is often only discovered by accident. It is intermittent, easily influenced by the diet, may off and on disappear and then again reappear. Such diabetics may last for years, if they take care of themselves, live a quiet life, far from all worry and emotions. They must know their danger, for any intercurrent disease may carry them off, and even at their best their kidneys are never in their normal state, let it be from arterio-sclerosis or from any other alteration. There are also cases where albuminuria may be joined to glyco-

suria, and constant careful hygienic and medicinal treatment may suffice to avert the danger a while.

How good old Father Hahnemann would rejoice to see his favorite psora now installed by the old school under the name of herpetism ! How gladly he would join in the assertion of Lancereaux that the totality of the symptoms is a *sine qua non*, that the most minute examination is necessary to get at the right treatment, and when Hahnemann insisted on a plain, so-called homœopathic diet, though nowadays very few care for it, we see that our French professor follows in the same footsteps and especially warns for depressing mental accidents, as these vulnerable patients are always below par in their vital forces and liable to suffer and to die. How constantly has this psora theory been sneered at ; how many so-called homœopathic physicians openly acknowledged their non-acceptance of this psora phantom, as they called it, an emanation of a weakened, senile brain,—and now comes here and there old-school authorities presenting the same theory under another name. It may take a long time before the teachings of the master will be accepted everywhere, and the day may not be distant when the principles and the practice of our school will be taught from allopathic rostra, though the name of homœopathy may not be accepted so quickly. Old Lippe was right where he exclaimed that true homœopathy is not progressing in our days, for our physicians run after false gods and the fleshpots of so-called Science are so alluring !

What are the remedies for this mellituria in its threefold aspect ? Is medicinal treatment the all in all for the removal of abnormal states ? Here, again, the memory of Hahnemann is vilified even by his strongest disciples when they sneer at other modes of regaining health. Let us glory in our law of similitude, but let us not neglect these preventive measures, which keep the latent spark from breaking out into a fatal conflagration. Just in that herpetic (psoric) diabetes, Lancereaux shows what can be done and how life can be prolonged by these three essentials,—pure air, good healthy food and suitable to the case in hand, and freedom from cares.

Here again we have points where we are on full agreement with all schools ; and they ought to know that homœopathy claims all these laws of cure also as their own ; but that poison, lurking by its hereditary or acquired influence on the system, must be removed, and here Hahnemann's foresight detected the great value of antipsoric treatment, of which the materia medica and therapeutics of the old school are perfectly deficient. The elimination of sugar in the urine never can be our only aim in the treatment of any diabetes ; we must grasp the totality of the case, and after minutely regulating the daily life of a mellituristic patient for months or for years, the totality of the symptoms will lead us to that similimum which will cast out the impurity and thus restore vitality to its normal state.

SAN FRANCISCO, CAL.

## EUPATORIUM—A PROVING.

By HOWARD CRUTCHER, M.D.

A FEW days ago a family of my good friends at Auburn Park concluded to prepare some boneset tea and drink it as a "general systemic tonic." The "tonic" proved to be a little stronger than was intended, and produced the following symptoms:

At eleven o'clock A.M., two cups of the tea were drunk. Lunch followed soon after. Immediately after eating nausea and vomiting set in, and continued some hours at varying intervals. During the night large quantities of mahogany-colored urine were passed. In fact, the urinary symptoms were so marked as to cause general comment. The fluid was described as of a "very strong odor," although I could get no definite information as to what the odor was like. On the day following the "rheumatic aching over the whole body" was extremely severe. The limbs were sore, the back ached intensely, and the movements of the arms were restricted.

The symptoms given are taken from accurate notes and are in all respects reliable. They seem to suggest the use of eupatorium in certain forms of rheumatism, a disease in which it has been used with fine results, so I am informed by a trustworthy layman who was cured by mild boneset tea. I inquired closely after the perspiration, and was told that there had been none. The third day after taking the tea my patients felt entirely well. They took nothing to antidote its effects, and really regarded their experience in the light of a good household joke.

78 STATE STREET, CHICAGO, ILL.

---

---

ALTERNATION OF REMEDIES.

By J. D. GRAYBILL, M.D.

I HONOR Dr. Hale for admitting that he alternates remedies, especially in so simple a case, and when the indicated remedy is so plainly set forth. If the doctor will take up any *materia medica*, *except Hale's New Remedies*, and look over the symptom of colocyntsis, he will find every symptom as plainly given as those given by himself in the Journal.

I am not opposed to alternating remedies. I alternate myself, at times, and will continue to do so as long as I am in the practice of medicine, but not in such a simple case as the one reported by the doctor. I am satisfied that there is not a physician practicing medicine, that does not alternate. To say that those who do alternate cannot have the success in their practice that those who *claim* they do

not alternate, is all bosh. My manner of alternating, I think, is quite different from that done by the majority of physicians ; so, in order to give my reasons for alternating, I will try to illustrate by taking some well-known disease through from the time I am called until the patient is (what shall I say ?) convalescent, or in the hands of an undertaker. Well, be that as it may, I have done worse than that : I have left them in the hands of an allopath. Now don't all hold up your hands in holy horror, like you do with alternating, and say, I never did it ! I know better ; you did, so don't deny it. Take, for instance, pneumonia.

An uncomplicated case of pneumonia has three distinct stages. In the first stage we have a severe chill, followed by a very high fever (*I think I hear Dr. Gentry say, Sampson*), and, as a rule, physicians are called about the time the fever is highest and about the time of infiltration, with the prospect of hepatization within the next twenty-four hours.

The first thing I do is to find out as near as I can what caused this condition. Then take all the symptoms into consideration and select my remedy, and give it every half-hour if I think it necessary.

Now then, every homœopathic physician knows, or ought to know, that we have a number of remedies which, when taken in physiological doses, by healthy persons, will produce hepatization of the lungs, a condition similar to the condition you will find in your patient within the next twenty-four or thirty hours. I select from among these remedies the one that corresponds to the temperæment of my patient. I order this remedy given every three or four hours, and at intervals so that the two remedies will not come at the same time. In this manner, I claim, I control to a certainty the amount of hepatization. The next visit to my patient I find about all the symptoms of the first stage gone, with all symptoms of the second stage present. I select my remedy again for the second stage, or continue the remedy I had given to anticipate this stage if necessary, and begin to look around for a remedy to anticipate the third stage, always keeping in the foreground the temperæment of my patient.

By this manner of treatment, it has got to be a very severe case of pneumonia if my patient is not discharged in ten days. Knowing that every acute case has, well marked, its several stages, I claim that by alternating remedies in this manner we can cut short every stage, and thereby gain time that you cannot get by the single remedy. If this cannot be done, then don't talk about preventive medicine nor the law of homœopathy.

SHREVEPORT, LA.

## CROTALUS AS A REMEDY.

By D. N. RAY, M.D.

CROTALUS produces in the male "unusual excitement of the sexual desire"; in one, "only by day, with complete relaxation of the organs, indeed, apparent impotence"; in another, "at different periods, with erections at night." This is all the action of crotalus on the male sexual organs yet known. This resembles the action of cobra on the same organs, as under the latter there is "sexual desire morbidly strong, yet no physical power," "constant violent sexual desire, but with little physical power." In one prover there was "unusual excitement of both genital instinct *and* power," which continued for two months and a half. In cobra, with unusual excitement of the sexual desire and scarcely any power, there were involuntary emissions at night, followed by great prostration and distress. Under crotalus in one prover there was "twice a sensation of cutting in glans penis." Under cobra one prover "felt a stinging, aching, somewhat burning pain along right side of penis, as if immediately under the skin"; another felt a "peculiar distress about the generative organs, attended with great depression of mind." Under lachesis, one prover (Hering, from 30th dil.) experienced for several weeks "want of sexual desire and inability for coition, or very late emission of semen; erections too feeble"; another (Stapf, also from 30th), frequent *transient* amorous thoughts, without the slightest physical excitement." The language of another prover is scarcely intelligible; in him there was great sexual desire, sometimes with, sometimes without, amorousness. We fail to understand the distinction between sexual desire and amorousness. On referring to Jahr's "*Symptomen-Codex*," we find the same symptom worded, "increased sexual *instinct*, with or without sexual desire." Here again a distinction is made between sexual instinct and sexual desire, which we fail to comprehend. The unintelligibility of the distinction will be evident when we see that what is sexual desire in the first expression (*Allen*) is sexual instinct in the second (Jahr), so that virtually and in point of fact, sexual desire, sexual instinct, and amorousness are one and the same thing. Hering experienced violent erections in the morning while half-asleep, in the forenoon, during the day, after the siesta, in the evening, and at night, but he does not tell us whether these were accompanied by sexual desire. Under lachesis is recorded the peculiar symptom, "great inclination for mental labor when the increased sexual desire is controlled." The drug gives rise to frequent emissions at night, sometimes unconsciously and without dreams, sometimes with extraordinary voluptuousness, followed sometimes by a comfortable feeling, sometimes by decided weakness and headache, sometimes with profuse sweat. There is emission even dur-

ing the midday nap. The semen has a pungent, penetrating odor. Under lachesis there are jerkings in the penis, red spots on the glans, the margin of which is congested. The glands of the prepuce and of the glans secrete profusely under its influence ; the testes become hard, with a relaxed scrotum ; and there is a pressive sensation from above upon the testes as if a hernia would protrude.

Thus all the three serpent venoms under consideration produce as their primary action unusual excitement of the sexual desire. This is accompanied, in all the three, with relaxation of the genital organs, that is, with but little physical power. Hence all of them are likely to be remedial in impotency brought on after excess. The differentiation between them is furnished by the fact that under crotalus the excitement of the sexual desire is only or chiefly by day ; under cobra there is peculiar distress about the genital organs, attended with great depression of mind, and involuntary nocturnal emissions followed by great prostration ; under lachesis if the excitement of the sexual desire is subdued the patient feels a great inclination for mental labor, and there are frequent nocturnal emissions followed by weakness, headache, and perspiration, or sometimes by a comfortable feeling, the reverse of the preceding symptoms. It is to be noted that the mental depression is greatest from cobra. The characteristic odor of the semen may be taken as a guiding symptom of lachesis. Impotence with hard testes in a relaxed scrotum also points to lachesis.

The action of crotalus on the female sexual organs is expressed by the following symptoms : " Catamenia a week too soon, free, preceded by weight in the head and ears, accompanied by pains in abdomen and back, and cold feet. The period lasts some hours longer than usual, and is followed by intense frontal headache, which lasts from ten to one o'clock in the night ; and this night she had cramp in calf of one leg." In another individual (not from proving but five days after bite on foot) there was abortion in the fifth month of pregnancy, the child being dead. Cobra has not been sufficiently proved to elicit symptoms on the female sexual organs. One prover, who took the 3d dil. for seven days, had a return of her leucorrhœa for a few hours, thin and whitish. In a patient who had the drug given to her for heart-disease there was violent crampy pain in the region of the left ovary. Lachesis, like cobra, caused the menses in one prover to appear a week too soon ; it is not stated whether the flow was scanty or profuse, but clinically the drug is found useful in too scanty menstruation, after failure of sepia. One prover experienced, under the influence of lachesis 30th, the return of the following symptoms, which she once had several years before : " Tickling itching extending from the thighs into the genitals, which become swollen, with a voluptuous sensation, sexual desire, and tickling ; then a cramp-like contraction in the uterus, extending into the right

side of the abdomen, thence into the breast (in a circular direction), with heat and apprehensiveness ; together with these sensations, there is a tickling in the anus, which extends into the region of the kidneys, and thence up to between the shoulders, as if between the skin and flesh."

Dr. Hayward gives from his own practice the following case of dysmenorrhœa cured by *crotalus* : " Miss D—, aged twenty-eight, pale, weak, strumous looking. Oct. 4, 1882.—For the last two months very easily tired ; tendency to diarrhœa ; awakes in the morning with headache over eyes. For five days before menstruation has much pain in hypogastrium and down thighs, lasting during two first days of the flow ; flow is very copious the three first days and then lingers on and off for four days more. Much dull, continuous, aching pain in region of heart, down left arm, and through to left shoulder-blade, worse on drawing deep breath and going upstairs or a hill ; bry. 3, four times a day. Oct. 21—Much the same ; menstruation occurred with same symptoms ; *Crotalus* four times a day. Nov. 24.—Menstruation came on at proper time ; was fairly natural and comfortable ; much less of the tired feeling, no headache, and scarcely any pain in chest, or tendency to diarrhœa. Cont. *Crotalus* 6, night and morning. The next menstruation at proper times and without any disagreeable symptoms." Cobra, according to Dr. Ludlam, has proved useful in ovarian neuralgia, and is Dr. Hughes's " favorite medicine for obscure ovarian pain, not frankly inflammatory."

CALCUTTA, INDIA.

## PRACTICAL TREATISE ON DISEASES OF THE EYES AMONG CHILDREN.

Translated from the French, with Annotations, /

By H. H. CRIPPEN, M.D.

### DEVIATION OF THE GLOBE DUE TO AFFECTIONS HAVING THEIR SEAT IN THE OCULAR APPARATUS.—STRABISMUS.

*Definition.*—Strabismus is a deviation of the eyes which is due essentially to a lack of synergy in the action of the extrinsic muscles.

We have studied at length the characters which separate this affection in a most decided manner from paralytic deviations. The principal of these distinctive signs is the absence of diplopia, or rather it is the loss of binocular vision. We will return to this in speaking of a variety of strabismus, an important consideration, which is by no means a paralysis and yet which ought to be removed from the class of strabismus, properly so-called, by reason of the fact that binocular vision is conserved.

There may be, again, ocular deviations due to the presence of tumors in the orbital cavity. It is scarcely necessary to demonstrate the difference between this mechanical strabismus and true strabismus. The

only common symptom is the change in the direction of the cornea, and the other signs suffice to render the diagnosis very easy.

*Etiology of Strabismus.*—The statement of the various theories as to the cause of deviation inwards or outwards will find its true place at the moment when we take up divergent or convergent strabismus, but there has been so much written, and so many errors, that it is well previously to throw out of the way at once all false ideas, to which we will then not have to return.

It is thus that some have attributed to the position of the cradle of young infants, in relation to the light from the window, an influence on permanent deviation of the eyes. But strabismus ordinarily develops at about three or four years, so that, from the beginning, this situation of the luminous source had not appeared to change the direction of the eyes. And, then, if this cause were true, would not the deviation be bi-lateral, conjugate? It has been said that the convulsions of early life may leave the eye in a state of strabismus. All the more reason, though, in this, that one should admit the existence of a paralysis with compensatory contracture of the antagonistic muscle. The paralysis having disappeared the contracture would persist under the form of strabismus. Here, again, we will see that a superior and general cause should be called on as an explanation of the persistent establishment of this asynergic muscular contraction.

Finally, opacities of the cornea, amblyopia, more or less complete, are often seen among those affected by strabismus. Is this to say that an eye deprived of perfect vision deviates, inwards or outwards, *propria motu*? It would be easy to find eyes entirely deprived of light, eyes in which the cornea is as opaque as porcelain, and which do not present the least deviation. The causes which make an eye deviate from its normal situation are only rarely those which we have enumerated; they should be sought more often in the mode of construction of the ocular system, and, also, more in the dioptric system of the eye than in the extrinsic muscular system.\* However, these two organizations

---

\* Certain researches recently undertaken by M. Féré, assistant physician to La Salpêtrière, assigns to strabismus a particularly interesting origin. Its frequent character of being hereditary and propagated in the same family, the fact that this deformity often coincides with other deviations from normal type (club-foot, harelip, etc.), or occurs among individuals subject to the various manifestations of the neuropathic constitution (convulsions, spasmodic torticollis, hysteric attacks), should range strabismus among the manifestations of that pathological state, to-day so extensive, in which we place at one extremity hysteria, and at the other those subjects affected by defaults of physical or intellectual development, *the degenerate constitutions*. Strabismus would be a sort of mark of striking appearance that would serve to designate the members of the great neuropathic family.\* The question is still new and little studied, but it carries the thought that these startling views of neuropathic pathology will be completely verified by observation.



habitually are associated in their anomalies, and generally to a certain dioptric state of the eye there corresponds a certain development of the muscles. Nevertheless, exceptions may present, and these are those which explain, for example, the existence of a divergent strabismus with an hypermetropic reaction of the eye, or inversely. The facts in these cases are, however, complex, and may be due to a multitude of causes which we have not the time to develop in this work.

Let us return to the general origin of ocular deviations. It is through De Graefe, and especially through Donders, that we have arrived at a knowledge of the close relation between strabismus and ametropic states of the eye. This ametropia, according to its variety (hypermetropia or myopia), puts a certain manner of action on the function of convergence, which, playing the rôle of a lever, produces, according to the case, internal strabismus or a deviation outwards.

Ametropia and convergence are the two principal factors in the production of strabismus, but these alone would be powerless to determine a beginning of a deviation if an incidental cause did not assist them and furnish the occasion for their being brought into play. In the same way that any disease may be called forth by any occasional cause, being besides governed by a predisposing major cause, so here may the ocular apparatus on the verge of deviation, from the influence of its ametropic state, take its abnormal position from a minor cause. Here can be usefully represented a part of the causes of which we have spoken before, and which can then be brought forward ; but very distant, as we see from the primordial rôle which they have been said to play. An eye affected by an opacity of the cornea, an amaurotic eye, an amblyopic eye, or one almost so from a pronounced astigmatism or from irregular astigmatism (this fact is common and important to recognize), will deviate then if the abnormal dioptric structure predisposes to strabismus. Nevertheless, these occasional causes ought not to be neglected. If one is able to remedy them, to re-establish the visual functions of a deviating eye that is semi-amaurotic, considerable aid will be furnished toward correcting the deviation. If the ametropia be of low degree, the treatment of this occasional cause may sometimes suffice to completely remove the deviation.

*Symptoms and Diagnosis.*—We will successively study the following varieties : *False strabismus* or *apparent strabismus*, which, as the name indicates, has deviation only by appearance. *Intermittent strabismus*, which is the first degree of strabismus. The deviation manifests itself only under certain conditions. *Latent strabismus* is only the first phase of this degree of the lesion. *Alternating strabismus*. Here the deviation is constant and concerns sometimes one eye, sometimes the other. This form, which appears to be a transition between the latent state and the confirmed state of strabismus, is, however, very rare. We will

see the reason later. *Fixed strabismus*, deviation definitely established on either one of the eyes. It is in this chapter that we will establish the distinction of hypermetropic and myopic strabismus, the progress and the study of which differ so completely.

*Apparent Strabismus*.—In order to comprehend that which will follow, it will be necessary to know certain physiological and optical points. These we will simplify as much as possible.

The *optical axis* of the eye is perpendicular to the refractive surfaces (cornea, crystalline lens) and passes through the center of these surfaces ; it is the antero-posterior axis, appreciable to the observer, of the globe of the eye.

The *visual line* extends from the object seen to the macula ; it is following this line that the eye sees the point which it fixes. One will comprehend that the two lines may be confounded ; this is in fact that

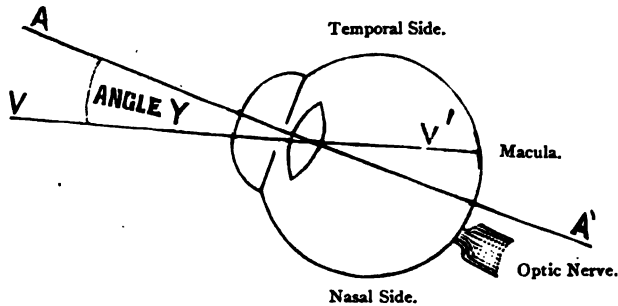


FIG. 1.—HORIZONTAL SECTION OF THE EYE.

A,A', Optical axis,—which gives to the observer the apparent direction of the ocular globe under examination.

V,V', Visual line,—forming with the optical axis an angle : the angle T.

which takes place ; but the situation of the macula at the fundus of the eye is not always the same, and according to the case the situation of this visual line varies a little. Hence an inclination of this visual line from the optical axis, and in short, an angle which the ophthalmologist now designates by common accord by the sign *T* (Fig 1.) This angle *T* may take various positions. If the visual line cuts the optical axis in such a way that the optical axis may be a little to the temporal side of this visual line, the angle *T* is called positive, and the aspect of the eye offers such a position as to appear in a state of slight divergent strabismus. In the same way, if the optical axis is internal to the visual line, the angle *T* is negative and eyes appear to converge. In the two cases it is when looking at infinity (in which state the normal eyes appear parallel) that the deviation due to the angle *T* appears. We see why : the two visual lines which fix the object at infinity are parallel, but the optical axes, here confounded with them, are not. If the optical axes

pass between the visual line and the temple, the angle  $T$  is  $+$  ; the two eyes apparently diverge. If, on the contrary, the angle  $T$  is  $-$ , the axes of the two eyes appear to converge.

Here the angle  $T$  is  $+$  and the visual line is found to the inner side of the optical axis. Supposing the eyes to be regarding infinity,—that is, with the visual lines parallel ; it follows that the two optical axes, being placed to the outer side of the visual lines, appear to diverge. This fact cannot be neglected, for an angle  $T$  may be as great as seven degrees, and at this limit it is impossible not to confuse it at first sight with true strabismus, as the eyes squint strongly. However, this does not relate to strabismus, because the eyes are directed at the same time at an object in such a way as to give binocular vision, that which does away completely with the idea of true strabismus.

*False Strabismus*, due to the existence of the angle  $T$ , is then of important consideration ; it will be simply and easily discovered as follows : we know that in true strabismus only one eye is fixed on the object looked at, the other being excluded from vision by reason of the deviation. When one eye is covered, the other eye being made to fix an object, the first eye is deviated in some manner ; when one uncovers the first eye and covers the second, the former—the deviated eye—moves immediately to fix the object. In the case of an angle  $T$  nothing of this kind appears. One eye being covered, it remains synergistically directed toward the object fixed by the uncovered eye (this is the same as with the normal eyes). When one uncovers this eye it has no necessity to fix the object in question ; it remains in place, showing thus that the deviation of the axes is only apparent, and that the visual lines are associated in binocular vision.

*Latent and Intermittent Strabismus*.—Latent strabismus, and especially intermittent strabismus, constitute the first degree of true strabismus. In order to comprehend the formation of this strabismus, its determination to convergent strabismus or divergent, it is essential to give an exact account of the *simultaneous mechanism* of convergence and of accommodation. These two functions, so completely connected, merit separate study, and this we will complete in a separate chapter, but that which it is necessary to know here is that they share together in the general work and with equal measure. In order to fix an object situated at one mètre, it is necessary to dispense one unit of accommodation (one dioptrie) and one unit of convergence (one metric angle, the measure adopted by Nagel.) In order to fix at one-half mètre there are necessary two units of accommodation and two metric angles. At one-third mètre, three dioptries of accommodation and three metric angles of convergence. This being the rule of function in emmetropia, what takes place in hypermetropia and myopia ?

NEW YORK.

(To be continued.)

SOCIETY NEWS.

---

THE Semi-centennial Anniversary of the Massachusetts Homœopathic Medical Society will be holden through the palpable medium of a banquet at the Hotel Vendome, Boston, on December 23, 1890, that being nearest to the date of its founding.

In December, 1840, three physicians assembled in Boston and formed the Homœopathic Fraternity. As its numbers increased and its circle widened, it was called the Massachusetts Homœopathic Medical Society, and in 1856 it was incorporated by the Legislature of the State. It will be fifty years this ensuing December since this beginning of the Society, and it seems fitting that its semi-centennial anniversary should be marked in an appropriate manner. For this purpose a special committee of arrangements has been appointed by the Society. When it is considered that within a few years the State has established a homœopathic insane hospital at Westborough, which contains over five hundred patients; that it has in the last year given \$120,000 for the enlargement of the Massachusetts Homœopathic Hospital; that a single legacy has this year been given exceeding in amount \$150,000, and which will be used for the support of the hospital; that the city has contributed a large site of land on which to erect a Homœopathic Dispensary, and that generous donations have been given therefor; that five hospitals have been established in various cities in the State, in which homœopathic and allopathic treatment are equally provided; that a medical school has been established in connection with Boston University which has proved very successful, and has added large numbers of well-educated physicians to our ranks; it is surely matter for gratitude and rejoicing.

We look forward with much pleasure to the anniversary. A society which has survived the most bitter period of our school, a society founded while yet Hahnemann continued in the flesh, must have and will have such an anniversary as will make the gathering one memorable in the annals of Homœopathy. We wish them abundant success and our sincere congratulations.

## INTERNATIONAL HOMŒOPATHIC CONGRESS

The time appointed for the Congress to meet is June, 1891; and the place selected is Atlantic City, N. J.

As arranged the usual five days' session of the American Institute of Homœopathy will give place to this Congress. The Institute will assemble, however, on the day preceding the Congress for the transaction of necessary business. The plan now proposed is that the Institute shall hold its session on Tuesday, June 16, 1891; the Congress will assemble Wednesday, June 17, and continue one week, namely, Wednesday, Thursday, Friday, Saturday morning, (with rest Saturday afternoon, and Sunday,) Monday, and closing on Tuesday, June 23.

The Congress will accept as members all homœopathic physicians in good standing in recognized homœopathic medical societies; and from places where such societies do not exist, physicians with suitable credentials. Delegates will be received from any and all homœopathic institutions, and will be expected to prepare reports of them. Visitors

will be admitted, whether physicians or laymen, who may be interested in the subject of homœopathy.

The officers of the Congress will include representatives from all the important homœopathic medical societies; and the committee request that the names of the president and recording secretary of such societies be forwarded to them before May 1, 1891.

The Congress will secure statistics of the present status of homœopathy and its progress in the last five years, as far as possible from all parts of the world. This will include the number of its practitioners, its institutions, national societies, State societies, local societies and clubs, general hospitals, special hospitals, infirmaries and dispensaries, colleges and medical schools, training schools for nurses, and medical journals. Their scope, organization, government, how to be conducted, methods of support, form of reports, and various matters of importance to each kind of institution, will be carefully considered. Essays and discussions will be prepared on the *materia medica*, homœopathic therapeutics in surgery, and in special forms of disease, such as insanity, disease of the nervous system, of women, of children, of the chest, throat, eye and ear, alimentary tract, kidneys, etc.

In arranging these many subjects to the best advantage, the committee ask your suggestions and assistance. All communications may be sent to the chairman, T. Y. Kinne, M.D., Paterson, N. J., or to the secretary, Pemberton Dudley, M.D., corner Fifteenth and Master streets, Philadelphia.

## BOOK REVIEWS.

**DISEASES OF THE EYE AND EAR.** By C. H. VILAS, A.M., M.D., Professor of Diseases of the Eye and Ear in the Hahnemann Medical College and Hospital, Chicago, etc. 117 pp. Chicago: Boericke and Tafel, 1890.

Prof. Vilas is so well known as an expert specialist not only to his annually large classes but to the profession at large, that a book from his pen needs but little introduction from the journals, save to call attention thereto. This volume is the outgrowth of notes prepared for the purposes of lecturing to beginners, and for the convenience of the teacher. From time to time they have been added to, and though never designed to be exhaustive or necessarily original, it is believed that they will serve all necessary purposes of the student and general practitioner, as well as cast an occasional ray of light across the path of the specialist. The style is pleasing, an air of designed instruction pervading it; the arrangement of the author is fine and lucid; and the mechanical work is well done.

**THE LATIN GRAMMAR OF PHARMACY AND MEDICINE.** By D. H. ROBINSON, Ph.D., Professor of Latin Language and Literature, University of Kansas, with an Introduction by L. E. SAYRE, Ph.G., Professor of Pharmacy in, and Dean of, Department of Pharmacy, University of Kansas. Philadelphia: P. Blakiston, Son & Co. 1890.

A novel but good idea for a medical student. There can be no doubt whatever that a good reading knowledge of Latin is a boon to the medical man and pharmacist. Here, within less than 300 pages,

we have most admirably arranged the study of Latin so that it appeals directly to the practical medical student, who has no time to waste on the nonsensical clatter that litters the ordinary university Latin grammar. From the very first page he thinks, and talks, and writes, and reads of medicine; every added lesson adds to his medical vocabulary. So that if he lays down the study before its completion he has not wasted his time, for all that he has acquired has been practical and useful to him. The work is a credit to its authors, who are evidently broad-minded as well as deep, for the idea of uniting the dawn of language with its present heightened success was the stroke of genius. We gladly add our commendation.

**PROGRESSIVE EXERCISES IN PRACTICAL CHEMISTRY.** By HENRY LEFFMANN, M.D., Ph.D., Professor of Chemistry in the Woman's Medical College of Pennsylvania, in the Pennsylvania College of Dental Surgery, and in the Wagner Free Institute of Science, Pathological Chemist to the Jefferson Medical College Hospital; and WILLIAM BEAN, M.D., Demonstrator of Chemistry in the Pennsylvania College of Dental Surgery. Illustrated. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1890.

An excellent pocket-book—end for end—of this interesting science. It is in touch with the very latest in lecturing, which is not to lecture at all, but, instead, demonstrate in a visible way all the truths and problems of chemistry. This is done in a remarkably happy and clear manner by these authors, and with the aid of numerous original cuts. No time or paper is used in defending theories or schemes; a practical chemistry for a practical people is the motto. The tables of symbols and metric system is plainly elucidated, making a valuable addition. It is the best text-book in practical chemistry so far seen by us.

**ESSENTIALS OF EXAMINATION OF URINE.** By LAWRENCE WOLFF, M.D. Philadelphia: W. B. Saunders, 913 Walnut Street. 1890.

These "Essentials" are veritably so, being more than Quiz Compend, and yet partaking of that nature because of the question form. They are, however, very much "meatier," giving large and generous descriptions of disease conditions and their treatment after the very latest methods. The size of the books is a little fuller than the old-time Quiz Compend, but their cost is less; while the mechanical part—printing, paper, and binding—is far more complete and handsome.

**SAUNDERS'S POCKET MEDICAL LEXICON**, being a Dictionary of Words and Terms used in Medicine and Surgery. Collated from the highest authorities and brought up to present date, by JOHN M. KEATING, M.D., and HENRY HAMILTON, with Addenda. Philadelphia: W. B. Saunders, 913 Walnut Street. 1890.

This is a handy vest-pocket edition, but so complete that it is next to impossible to look for a word and not find it. It is really a little jewel, and trusty. The student cannot do better than invest in it; and so, also, the recent graduate may find much food for his leisure moments. It is prettily bound and printed.

**GUIDING SYMPTOMS OF HERING.**

The eighth volume is now on our table, carrying the remedies up to and including Pulsatilla. F. A. Davis, who is now in charge of the

printing (Philadelphia), is deserving of much praise and many new subscriptions for the enterprise manifested in pushing this long delayed work to a speedy completion. For a time it lagged and seemed fain to "peter" out; but new methods obtained, new men took hold, and we again find the Guiding Symptoms in a fairer way than ever before of being completed. As to the intrinsic merits of this last volume nothing can be added by us that will enhance its value with the profession. It is the equal in every respect of its predecessors. It goes without further saying that we heartily recommend the work to all materia medica men the world over, but especially to our school.

GOULD'S NEW MEDICAL DICTIONARY, published by P. Blakiston, Son & Co., Philadelphia, is the latest and by far the best addition to our table in the way of dictionaries, since the appearance of Dunglison's. It seems complete in every essential. Besides the 472 pages of dictionary matter there are two appendices A and B, which will interest the medical student as well as the general student. The definitions, so far as a cursory study of the dictionary has shown us, are rational, clear, and temperate. No rabid tendency anywhere when homœopathy is alluded to. We cordially recommend the dictionary.

ESSENTIALS OF THE DISEASES OF CHILDREN. By WILLIAM M. POWELL, M.D.

ESSENTIALS OF DISEASES OF THE SKIN. By HENRY W. STELWAGON, M.D., Ph.D.

ESSENTIALS OF REFRACTION AND THE DISEASES OF THE EYE. By EDWARD JACKSON, A.M., M.D.

ESSENTIALS OF DISEASES OF THE NOSE AND THROAT. By E. BALDWIN GLEASON, S.B., M.D.

---

### GLOBULES.

---

—OUR GROWTH FOR THE YEAR.—According to our custom, the figures for the years 1889-90 are here given. The number of homœopathic physicians in 1889 in the States published in our list was 4027, and in 1890, 4200, an increase of 4.98 per cent. for the year. The former year the increase was 2.76 per cent.—*Med. Visitor*.

—Cannot the powerful magnetism of the motor beneath the flooring of the car affect our health? In answer to this inquiry, it may be said that none of our senses can detect the slightest effect from the most powerful magnetism. People have inserted their heels between the poles of a magnet which could lift a ton and have perceived no effect.—*John Trowbridge in Atlantic*.

—REFUSED TO TAKE THE MEDICINE.—A certain bachelor physician in Fort Scott was called professionally to visit a maiden lady. After examining the patient and ascertaining, as he thought, the trouble, said: "My dear madam, the only permanent cure for you is to get married." She looked at him with a *put-on* innocent expression, and said: "Doctor, are you a single man?" The doctor turned pale and replied: "We only prescribe the remedies; we never take them."—*Ex.*

—*The Medical News* of Philadelphia, October 25, 1890, publishes in full a paper prepared by Dr. Paul Gibier, Director of the Pasteur Institute of New York, and read before the late International Medical Congress in Berlin, Germany, in which Dr. Gibier discusses the antiseptic properties and value of peroxide of hydrogen and ozone. We concur with the learned doctor in his statement that the principal cause of the non-use of this valuable agent has been because of the usual difficulty in procuring it free from hurtful impurities; another is the instability of the compound, which gives off nascent oxygen when brought in contact with organic substances. These objections are met and overcome by the use, as the doctor recommends, of the preparation manufactured by Mr. Charles Marchand, of New York. Our own use of this valuable agent has proved the correctness of Dr. Gibier's logical paper.

—LEGAL MEDICINE.—The legal status of craniotomy and other operations which destroy the unborn child is curious and interesting. As long as the child is within the maternal passages it is regarded as part of the mother's body and is not a "person" in the eyes of the law. Hence, to quote Dr. Draper, "it follows that the destruction of the life of the *fœtus* may be brought about within the womb of the mother by the *accoucheur* in the operation of craniotomy, or in any other way, and the law finds nothing wrong in the act; the only requirement within the legal purview being that to avoid the element of felony the mutilation must be so complete that the child shall die while still unborn; for if, perchance, as has unfortunately happened on rare occasions to obstetricians, the child is delivered and separated from the mother while still exhibiting some signs of life, however feeble, after the head has been crushed, it is a subject of infanticide, excusable killing perhaps, but in law not to be distinguished, save in its motive, from infant murder under ordinary conditions. The thing to be insisted upon is that the mutilation shall be thorough and lethal beyond a doubt before delivery is attempted; the act and its effects should be wholly upon the *fœtal* side of the line."—*N. W. Lancet*.

—A SIMPLE REMEDY FOR PRURITUS OF THE VULVA.—Mrs. —, aged seventy, a patient in the Old People's Home, had suffered at very frequent intervals for more than twenty years, with an intolerable pruritus of the external genitals, which extended to the anus, the gluteal region, and even to the inner surface of the thighs. It first came just after the climacteric, and commenced with an intense heat and puffiness of the parts, which would be followed by an itching that drove her almost distracted. The paroxysms usually occurred two or three times a week, but now and then she would escape them for seven or eight days. When they were on, nothing would relieve the suffering except to sit down in cold water. After the attack, the skin of the parts, which had been perfectly smooth and without any eruption, would be covered with watery exudation that would soon dry and leave the surface covered with scales that soon dropped off.

She had taken all kinds of internal remedies and used all sorts of salves and ointments locally. I first ordered topical applications of the peroxide of hydrogen, one part to twelve of water, but the relief was so slight that I changed it to one part in eight, and finally I told her to use it in the full strength. She did so and the relief was marked and



immediate. At first the intervals between the attacks were prolonged, but the paroxysms soon disappeared altogether, and for the last six weeks there has been no return of the difficulty. She says "it's very funny that no other doctor ever thought of this thing, which must be awfully simple, for I pay only fifteen cents to have my bottle filled with it."—*Dr. Anna C. Hardy.*

---

### OH-DONT-LOGY.

---

DON'T suppress rheumatism by heroic local appliances ; if you do, look to the patient's heart for results.

DON'T imagine you can build yourself up by pulling another down. This is good of colleges as of men and women.

DON'T permit your patient to entertain the opinion that a stone in the bladder can be dissolved by medicines.

DON'T let the Christmas festivities cause you to forget that the medical printer also needs a Christmas gift. Pay up promptly.

DON'T let politics become a ruling factor in the Middletown Asylum ; if you do it will cause a stench in the nostrils of all honest folk.

DON'T be a mind-reader when Ch. Gatchell is around, unless you have an honest, genuine, all-wool, yard-wide think-tank, with a string attached.

DON'T teach the Organon in any other than a common-sense way, devoid of metaphysics and—moonshine. Life is too short to spend in idle speculation.

DON'T be too ready to credit stories derogatory to a friend or an institution. Sometimes shame for the conduct of the traducer causes the innocent party to remain silent.

DON'T overdo the thing, gentlemen of the colleges. A generation ago the charge was that we were all little pills and no surgeons. Now we are all surgeons and no little pills.

DON'T advertise or teach homœopathic materia medica as an annex to an old-school college. There are enough homœopathic colleges who are proud of homœopathy.

DON'T let quarrels between individuals cause inroads to be made on the success of homœopathy. Jealousy caused the first murder. Jealousy will gratify self even if all else goes to the "bow-wows."

DON'T, please don't, have a banquet at the World's Homœopathic Convention. But it seems impossible for an American to be social without a banquet ; or to show his sympathy without passing the hat.

DON'T overlook the fact that the next session of the Institute, at Atlantic City, is practically not an Institute session. It is the World's Homœopathic Convention, and the Bureaus and work go over to 1892.

DON'T treat your medical classes as if they were merely boys and girls. They are men and women, embarked in an occupation which means many years of waiting, then other many years of toil and drudgery for that which a medical man never finds: comfort and competence. He usually dies with his boots on.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S  
CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

*(Continued from page 408.)*

Deep-seated—Chelidonium, Eupatorium per., Silicea.  
In various localities—Bovista.  
Here and there—Dulcamara.  
Wandering—Cactus.  
Coming and going—Calcareæ phos.

COURSE AND DIRECTION OF PAINS.

From left to right—Æsculus hip.  
From right to left—Alumina.  
In left chest, extending from behind forward—Bryonia.  
Right side, later on left—Calcareæ phos.  
More on right side, or first left then right—Cantharis.  
First in left, then in right, interrupting breathing—Kreosotum.  
On left side, later on right—Cyclamen.  
In upper right, then in lower left—Hypericum.  
Left side of chest, extending to right, running up to throat, clavicle,  
left axilla and scapula—Lilium tig.  
In the chest and sternum, running up and down—Manganum acet.  
On the sternum, running from below up—Arsenicum.  
Pains running upward—Bromium.  
From the top of the chest down to the sixth or seventh rib—Ustilago.  
From within outwards at short intervals—Asarum.  
From the præcordial region to the small of the back—Anacardium.  
From both nipples through the chest—Cannabis ind.  
Below right nipple, extending outward—Bryonia.  
Through left chest, toward scapula and into left arm—Bromium.  
Shooting through chest, above heart, into shoulder-blades—Kalmia.  
Lower part of left breast to shoulder—Sanguinaria can.  
Through left chest to back—Rhododendron.  
Through left chest to scapula—Natrium mur.  
Through chest, extending to left scapula—Sulphur.  
Through right lung—Agaricus.  
Directly through the chest from sternum to spine—Conium.  
Through to back—Mercurius.  
Through the thorax—Mercurius cor.  
Through from right scapula—Mercurius.  
Through the shoulders—Bryonia.  
Around both lungs, as if constricted by a thin wire—Asarum.  
In the chest to the abdomen—Berberis.  
Wandering in the chest and scapula regions—Cactus.  
To the left of sternum—Caladium.  
About the fourth or fifth ribs, coming and going—Calcareæ phos.  
Extending toward the middle of sternum and axilla—Cantharis.  
From upper right chest through to scapula—Carbo veg.  
From below the arms, extending to the pit of stomach—Causticum.

From abdomen into middle of chest—*Chamomilla*.  
 Running up from abdomen to left side of chest—*Natrum sulph.*  
 In right chest up to axilla—*Cinchona*.  
 In left side of chest and toward both scapula—*Croton tigr.*  
 Across the chest, during morning till noon—*Kreosotum*.  
 In middle of chest through to back—*Oxalic acid*.  
 Through middle of sternum—*Phytolacca*.  
 From back through to sternum—*Sarsaparilla*.  
 Across upper part of chest—*Ferrum*.  
 Generally on the right side, but occasionally on the left—*Illicium*.  
 Through sternum to back—*Kali jode*.  
 From back to sternum, or from middle of sternum darting to between  
 the shoulder blades—*Kali bich.*  
 Through lower third of right chest to back—*Kali carb.*  
 Here and there—*Cepa*, *Dulcamara*.

## CONCOMITANTS.

With heat—*Aconite*, *Antimonium crud.*, *Aurum*, *Capsicum*.  
 ——— dry—*Aconite*.  
 ——— in chest, and dyspnoea—*Aurum*.  
 With (often) violent chill—*Aconite*.  
 With sweat—*Psorinium*.  
 With dyspnoea—*Aconite*, *Aurum*, *Belladonna*, *Chamomilla*, *Cyclamen*,  
*Lachesis*, *Natrum*, *Sanguinaria*.  
 ——— extreme—*Sanguinaria*.  
 With shortness of breath—*Belladonna*.  
 With uneasy breathing—*Ferrum*.  
 With inability to take a long breath—*Ferrum*.  
 With spasm of chest—*Kali carb.*, *Laurocerasus*.  
 With tightness of chest—*Nux mosch.*, *Phosphorus*.  
 With great weight on chest or tightness—*Phosphorus*.  
 With sensation of fullness in chest and short breath—*Apis*.  
 With oppression—*Colchicum*, *Cyclamen*, *Millifolium*.  
 With suffocating feeling in throat and lungs—*Phytolacca*.  
 With congestion to chest—*Phosphorus*.  
 With catarrhal affections of the lungs—*Digitalis*.  
 With serous exudation—*Digitalis*.  
 With pneumonia—*Kali carb.*, *Sanguinaria*.  
 With right lung hepatized—*Kali carb.*, *Phosphorus*.  
 ——— lower half—*Phosphorus*.  
 With bronchitis—*Phosphorus*.  
 With cough—*Berberis*, *Graphites*, *Phytolacca*, *Kali carb.*, *Natrum carb.*  
 ——— dry, short—*Berberis*.  
 ——— dry—*Kali carb.*  
 ——— loose cough, but no sputa—*Natrum carb.*  
 With bloody sputa—*Cactus*.  
 With blood spitting—*Ferrum*, *Millifolium*, *Nux mosch.*  
 With tough, rust-colored difficult sputum—*Sanguinaria can.*  
 With expectoration of foetid pus—*Guajacum*.  
 With circumscribed red cheeks—*Lachnantes*, *Sanguinaria can.*  
 ——— and burning—*Sanguinaria can.*  
 With anxiety—*Caladium*, *Causticum*, *Nitrum*, *Phosphorus*, *Psorinum*.  
 ——— great—*Psorinum*.  
 With delirium—*Lachnantes*.

# INDEX.

## EDITORIALS.

Absent Teeth, 85  
 A Confession of Faith, 12  
 A Florida Applicant, 338  
 American Homœopathic Editor,  
     193  
 American Institute Session, 125  
 All-other-Things-being-Equal, 232  
  
 Cleveland Homœopathic College,  
     409  
 Clinical Medicine Bureau, 231  
 Coincidences in Professional Life,  
     85  
 Cowperthwaite's Presence at In-  
     stitute, 230  
 Cowperthwaite's Press Reporter,  
     301  
  
 Dowling Wasn't There, 229  
 Dr. Allen's Attendance at Insti-  
     tute, 89  
 Dr. Pemberton Dudley, 47  
 Dr. Sawyer's Mental Trouble, 159  
  
 Edison's Phonograph, 375  
 Election Matters in the Institute,  
     303  
 Expulsion of Dr. Guernsey, 160  
  
 Father Paine's Speech, 230  
  
 Gall-stone Colic, 85  
 Guernsey—*N. Y. Med. Times*, 232  
 Gynæcological Section, 265  
  
 Heights and Depths in Materia  
     Medica, 267

Higher Education in our Col-  
     leges, 337  
 High Potency Discussion, 375  
 Homœopathic Physician, 48  
 Illustrations of Professional Illit-  
     eracy, 337  
 Institute Courtesy, 267  
 Interruptions in Sectional Bu-  
     reaux, 265  
  
 Journal of Homœopathics, 375  
  
 Mark Twain's Article, 124  
 Material or Large Doses, 374  
 Materia Medica Bureau, 231  
 Materia Medica Specialist, 266  
 Medical Counselor Amalgamation,  
     40  
 Medical Current, 373  
  
 N. Y. State Homœopathic Society,  
     12  
 No More Penitentiary Plan, 269  
  
 Pain's Medical Legislation, 89  
 Pittsburgh Medical Review, 10  
 Potter attacks Homœopathy, 339  
 Prepared Food for Doctors, 123  
 President Sawyer's illness, 125  
 Press Reporters' duties, 302  
 Press Reporters' privileges, 268  
 Private "Dalzell," 13  
 Prof. Gilchrist's article, 47  
 Prof. Mack, 233  
 Proposed Institute Legislation, 10  
  
 Queer Loyalty, 233

- Relation of Homœopathy to Gynæcology, 157
- Samuel A. Jones's Criticism, 87, 193
- Soc. Med. Hom. Com., 159
- Sol. Potter redivivus, 339
- Southern Hom. Medical Association, 11
- Surplusage of Practice, 122
- Syndicate journals, 11
- The Dillow Resolutions, 87
- The Four Hundred Obstetrical Cases, 229
- The Grippe Remedies, 124
- The Institute's Homœopathicity, 229
- The Institute's Journal Resolutions, 9
- The Law of Cure, 159
- The N. Y. Med. Times, 9
- The Recent Graduate, 121
- The Southern Jour. of Hom., 125
- The Teaching of the Organon, 303
- "This No. contains 110 pages," 233
- To visit Large Cities, 269
- Trials of a County Doctor, 122
- Ward Island Hospital fight, 86
- Watering Places for Institute, 267
- William Cullen Bryant's Homœopathy, 124
- Worley's Manual, 49
- ORIGINAL ARTICLES.**
- Aconite. B. F. Underwood, 66
- Alternation of Remedies. E. M. Hale, 203
- Alternation of Remedies. J. D. Graybill, 426
- Anaplasty. G. W. Moore, 341
- Another Cactus Grand. Case. Robt. Boocock, 30
- Antisepsis and Its Care. J. K. Saunders, 348
- Bichloride of Mercury in the treatment of Diphtheria. E. G. Rush, 420.
- Brig. Genl. Jno. C. Budlong. G. B. Peck, 18
- Cases treated with Oxygen by Inhalation. B. H. B. Sleght, 68
- Chromic Acid as a Cauterant. T. G. Comstock, 25
- Chronic Diseases. No. VI., VII. VIII., IX., X. S. Lilienthal, 95, 133, 178, 322, 388
- Clinical Notes. E. G. Grahn, 306
- Constipation and its Surgical treatment. C. A. Pauly, 235
- Crotalus as a remedy. D. M. Rây, 428
- Cuphea in Cholera Infantum. C. O. Munn, 250
- Diabetes Mellitus. S. Lilienthal, 423
- Diphtheria. Wm. Steinrauf, 64
- Diphtherinum—A Query. J. L. Cardoza, 387
- Diseases of the Eyes among Children. H. H. Crippen, 100, 173, 430
- Epidemic Catarrh. Dr. Morrison, 103
- Erythroxylon Coca. More Lafont, 107
- Every Epidemic has its Commentator. J. N. Eckel, 383
- Exploratory Incisions in the Abdominal Cavity. A. Claypool, 365
- Eupatorium—a proving. Howard Crutcher, 426
- Good and Bad Sight. O. A. Palmer, 308
- Gonorrhœa—The Troublesome Cases. W. J. Martin, 28
- Gonorrhœal Sterility. W. A. Edmonds, 376
- Hall, Robt., M.D. Geo. B. Peck, 415
- Homœopathy Triumphant. L. L. Helt, 106
- Infants; Colitis. W. J. Thayer 283

- Infant Diarrhœa. W. Owens, Sr., 355  
 Infant Foods. B. F. Underwood, 357  
 Infantile Leucorrhœa. E. G. Grahn, 31  
 Influenza in Minnesota. E. Walther, 141  
 Koch's Discovery, 413  
 Lycopus Virg. as a Heart Remedy, Stanley Wilde, 180  
 Malpractice, Medical and Surgical. J. D. Foulon, 238  
 Neurasthenia. W. C. Hastings, 390  
 Obstetric Materia Medica. C. M. Conant, 164  
 Old Man, support your Perineum. H. V. Gray, 245  
 Ohio State President's Address. Pro. A. Gaun, 275  
 On the Alternation of Remedies. C. E. Laning, 377  
 Origin of Children's Diseases. M. May Howells, 350  
 Osteomyelitis. C. E. Walton, 345  
 Our Surgical Treatment of Empyema. T. C. Martin, 251  
 Perforating Ulcer of Stomach. R. B. Johnson, 344  
 Pertussis — Broncho - pneumonia. E. A. Neatby, 170  
 Pieric Acid and Rhus Tox. E. G. Grahn, 129  
 Plastic Iritis. A. B. Norton, 286  
 Pleuro-pneumonia. E. A. Neatby, 97  
 Points from Lectures, 181  
 Practical treatise on Diseases of the Eyes among Children. H. H. Crippen,  
 Proving of Phytolacca. W. I. Thayer, 213  
 Pulsating Aorta. E. A. Neatby, 87  
 Rare Cases of Abdominal Section. John Deetrick, 358  
 Résumé of Symptoms of Ocular Paralysis. H. H. Crippen, 138  
 Rheumatism of Four Years' Standing. J. L. Cardoza, 131  
 Rumex Crispus Cough. J. L. Cardoza, 172.  
 Sepia for Ringworm. E. A. Neatby, 208  
 Strophanthus in Uterine Diseases. E. M. Hale, 134  
 Sympathetic Nerve Waste. Wells Le Fevre, 247  
 The Alternation of Remedies. J. L. Cardoza, 319  
 The Ideal Infant Food. W. B. Clarke, 316  
 The Medical Profession vs. Criminal Abortion. G. M. Christine, 55  
 The Press. F. Kraft, 290  
 The Southern Hom. Med. Association. C. E. Fisher, 136  
 The State and Medical Education. J. G. Gilchrist, 32  
 Thoughts on Medical Legislation. H. M. Paine, 90  
 Three Cases of Erysipelas. E. E. Keeler, 209  
 Three Headaches. G. M. Ockford, 27  
 Tracheotomy and Intubation. H. Willis, 104  
 Treatment of Malaria by Quinine. W. D. Gentry, 204.  
 Ulceration of External Coat of Stomach. A. A. Lovett, 353  
 Very Peculiar Homœopathy in Kansas. H. Croskey, 64  
 Where are the Homœopathic Physicians? R. Boocock, 314  
 OPEN COURT.  
 Accouchement Sheet, 128  
 Allen on Homœopathic Physician, 202  
 Allgemeine Hom. Zeitung, 163

- American Womb<sup>1</sup> Wearing Out? 127
- Bathing and Hardening Nipples, 161
- Brer. Dillow's Meddlesome Motion, 15
- Brooklyn Blacklist, 163
- Catarrh Cure, 54
- College Resignations, 270
- Cowperthwaite's Remonstrance, 128
- Croft—Kraft, 270
- Crofford's Eloquence, 199
- Diet for Dyspeptics, 52
- Diet in Bright's Disease, 53
- Disease naturally Tends to Recovery, 54
- Disinfecting Fumigation, 52
- Disreputable Advertising Fake, 234
- Dual Consciousness, 126
- Dry Heat for Cystitis, 14
- Ehrman and Arnica, 51
- Embalmed Body, 54
- Epilepsy Cure of Dr. Kitchen, 17
- Epistaxis, 52
- Facial Neuralgia, 50
- Foulon and his Journal, 202
- Gels, in Sunstroke, 16
- Gin Cocktail in Medicine, 235
- Heat, Milk, and Rest for Insane Patients, 163
- Helmuth's Poetic Laurels, 17
- High Potency Allopathy, 194
- Homœopathic Colleges, 18
- Homœopathic Colleges and Journals, 201
- Homœopathic Label, 129
- Homœopathic Physician, 127
- Homœopathy Dying Out, 54
- Hour-glass Contractions, 54
- H. M. Dayfoot, 127
- Hyoscyamus a Hypnotic, 270
- Injection for Acute Alcoholism, 54
- I. H. A. Hysterics, 304
- Kali bich. for rapidly Changing Pains, 16
- Kali phos., 17
- Medical Current and Stroke, 303
- Medical Graduates—What becomes of them? 162
- Medical Record's Report of Homœopathy, 16
- Medical and Surgical Record, 127
- Middletown, N. Y., Insane Asylum, 54, 160.
- N. Y. County Society, 201
- Number of Homœopathic Physicians, 16
- Pagoda built of Bricks, 235
- Pasteur and the Grippe, 164
- Picrotoxin an Antidote to Morphia, 17
- Playing with Baby, 53
- Prof. O. Rosenbach's Ice Treatment, 14
- Quinine is King! 127
- Responsibility for Advertisements, 14
- Retained Placenta, 51
- Retarded Menstruation, 53
- Ritchie on the Liver, 14
- Rhus given in Homœopathic form Poisonous, 15
- Sacrum Lactes, 52
- Saw Palmetto, 129
- Shock to Beer Drinkers, 161
- Sulphuric Acid for Old Maids, 16
- Sulphur and Sepia Compared, 52
- Southern Journal of Homœopathy, 304
- The Allopathic Use of Cimicifuga, 15
- The Chapman Lycopodium Case, 126
- The Cleveland Homœopathic College, 340
- The Cleveland Medical College, 340

The Conglomerate, 270  
 The Crédé Method, 161  
 The Institute for Waukesha, 199  
 Tonics, 17  
 Valuable Point in Appendicitis, 234  
 Veratrum Case, 200  
 Wanted, a new Cure for Consumption, 17  
 Whistle Deafness, 162  
 Women's Homœopathic Hospital, 128

## SOCIETIES.

British Homœopathic, 109  
 Brooklyn Homœopathic, 75, 113  
 Cincinnati Homœopathic Lyceum, 43  
 Hom. Cent. Verein Deutsch., 252  
 Indiana Institute, 220  
 Institute Session, 143  
 International Congress, 403, 436  
 Mass. Homœopathic, 147, 269, 435  
 Michigan Homœopathic, 145  
 N. E. Ohio Homœopathic, 44  
 New York Homœopathic, 38, 115  
 Ohio Homœopathic, 145, 253, 256  
 Oregon Homœopathic, 186  
 Southern Hom. Med. Asso., 185, 403  
 Tennessee Homœopathic, 395  
 Texas Homœopathic, 146  
 Globules, 43, 75, 113, 144, 185, 219, 257, 295, 324, 367, 402, 438  
 Oh-Don't-Ology, 46, 78, 116, 152, 190, 226, 262, 298, 334, 370, 406  
 Correspondence, 70

## Obituary :

O. P. Benson, 112  
 M. M. Eaton, 77  
 L. L. Helt, 296  
 S. C. Knickerbocker, 112  
 Israel Lukens, 112

## Repertory of Lung Symptoms—Appendix.

## BOOK REVIEWS.

A Manual of Diseases of the Ear, 41  
 A New Popular Cyclopædia, 260  
 Atlas of Venereal Diseases, 74  
 Blakiston, Son & Co. Visiting List, 41  
 Chemistry, Practical, 438  
 Concordance Repertory, 183, 401  
 Consumption—Its Cause and Nature, 216  
 Cowperthwaite's Materia Medica, 333  
 Cyclopædia of Children's Diseases, 215, 401  
 Decline of Manhood, 402  
 Diphtheria, 73  
 Diseases of the Skin, Homœopathic, 332  
 Eating for Strength, 218  
 Essentials, 184, 437  
 Gould's Medical Dictionary, 437  
 Homœopathic Therapeutics, 214  
 Homœopathic Veterinary Surgeon, 218  
 Key-notes of Medical Practice, 72  
 Latin Grammar of Pharmacy and Medicine, 437  
 Lectures on Diseases of the Heart, 144  
 Lectures on Obstetric Nursing, 41  
 Lippincott's, 42, 185, 259, 328  
 Manual of Obstetrics, 293



Obstetric Synopsis, 71

Philosophy in Homœopathy, 332

Playfair's Midwifery, 182

Ruddock's Family Doctor, 144

Scribner's, 184, 327

St. Nicholas, 326, 402

Text Book of Animal Physiology,  
73

The Book Buyer, 42

The Century Magazine, 42

The Physician Himself, 72

Therapeutic Application of Peroxide of Hydrogen, 219

Therapeutics of Nervous Diseases,  
293

Transactions American Institute,  
219

Treatise on Nose and Throat, 331

Twelve Tissue Remedies, 294

Ward's Island Hom. Hospital, 74

of Per-

diseases,

stitute.

pat. 331

94

pat. 74



3 gal  
109 +



